

**POLICY PROJECT
YEAR THREE WORKPLAN**

**JULY 1, 2002–
JUNE 30, 2003**

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
AGOA	African Growth and Opportunity Act
ANE	Asia/Near East
API	AIDS Program Effort Index
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARH	Adolescent reproductive health
AWG	Adolescent working group
CA	Cooperating agency
CAF	Common Assessment Framework
CEDPA	Centre for Development and Population Activities
CORE	Communities Organized in Response to the HIV/AIDS Epidemic
CSPA	Church of the Province of Southern Africa
CSW	Commercial sex worker
DHS	Demographic and Health Surveys
DOL	Department of Labor
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
FP	Family planning
FPPs	Family planning programs
GBV	Gender-based violence
GH	(Bureau of) Global Health
GIPA	Greater involvement of PLWHA
GNP+	Global Network of People Living with AIDS
GWG	Gender Working Group
HAART	Highly active antiretroviral therapy
HALS	HIV/AIDS legislation score
HANIG	HIV/AIDS New Indicators Working Group
HCD	Human capacity development
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
ICW	International Community of Women Living with HIV/AIDS
IDU	Injecting drug user
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
ILO	International Labor Organization
IR	Intermediate result
LAC	Latin America/Caribbean
LTA	Long-term advisor
MCH	Maternal and child health
MH	Maternal health
MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health (Project)
MNPI	Maternal and Neonatal Health Program Index

MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NAP+	Network of African People Living with HIV/AIDS
NBEA	National Black Evangelical Association
NGO	Nongovernmental organization
OAIC	Organization of African Independent Churches
OVC	Orphans and vulnerable children
P&F	Planning and Finance
PAC	Postabortion care
PEC	Policy, evaluation and communication
PHN	Population, health, and nutrition
PLWHA	Persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RHAP	Reproductive health action plans
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SIDALAC	AIDS research and analysis in Latin America
SO	Strategic objective
SPRHCS	Strategic Pathway of Reproductive Health Commodity Survey
SRHRs	Sexual and reproductive health rights
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TD	Technical development
TFR	Total fertility rate
TOT	Training-of-trainers
UNAIDS	United Nations AIDS Organization
UNDCP	United Nations Drug Control Program
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WARP	West African Regional Program
WB	World Bank
WHO	World Health Organization
YARH	Young adult reproductive health

I. PROJECT OVERVIEW

The POLICY II Project is a five-year project beginning July 7, 2000 funded by the U.S. Agency for International Development, GH/POP/PEC under project number 936-3078.02 and contract number HRN-C-00-00-00006-00. The Futures Group International implements the project in collaboration with the Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. While maintaining a strong **emphasis on FP/RH**, the project also explicitly addresses **HIV/AIDS** and **maternal health (MH) policy issues**. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

- National policies as expressed in laws and official statements and documents
- Operational policies that govern the provision of services
- Policies affecting gender, youth, and human rights
- Policies in related sectors such as education, labor, and the environment

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen **political and popular support**;
- Improve **planning and financing**;
- Ensure that accurate, up-to-date, and **relevant information** informs policy decisions; and
- Enhance **in-country and regional capacity** to provide policy training.

POLICY embraces multisectoral approaches that involve partnering with and providing technical assistance to government agencies, civil society groups, private sector organizations, and research institutions to develop policies and plans that guide the implementation of responsive, sustainable programs and services.

This workplan covers the period from July 1, 2002, to June 30, 2003, which coincides with the project's third year of implementation. Highlights of POLICY's third-year workplan include:

- Continuation of work with 27 country or regional programs.
- Initiation of activities in 3 countries (Vietnam, Nepal, Honduras).
- Completion of field-support activities in Turkey and the Philippines.
- Continued implementation of core-funded packages in Guatemala, Jamaica, Mexico, Nigeria, and Ukraine.
- Implementation of new core packages in South Africa, Peru, and for the RH Goals Model.
- Completion of core package in Romania.
- Design and implementation of new FP/RH, MH, and HIV/AIDS packages.
- Intensified focus on HIV/AIDS and FP/RH in Africa.

II. RESULTS FRAMEWORK

POLICY's strategic objective (SO) is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health (MH) and HIV/AIDS*. POLICY is based on the premise that laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—are essential for promoting access to information and services by all who need and want them. Champions of broad-based, equitable FP/RH and HIV/AIDS services should be brought into the political process and strengthened so that they can function effectively in that process. In addition, the financial issues associated with the provision of services must be addressed. In that way, access to services that are acceptable to all who want and need them can eventually be sustained even in the face of changes in government and/or changes in donor participation.

The project's four intermediate results (IRs) contribute to the achievement of the SO:

- IR1: Political and popular support broadened and strengthened
- IR2: Planning and finance for FP/RH and HIV/AIDS improved
- IR3: Accurate, up-to-date, relevant information informs policy decisions
- IR4: In-country/regional capacity to provide policy training enhanced

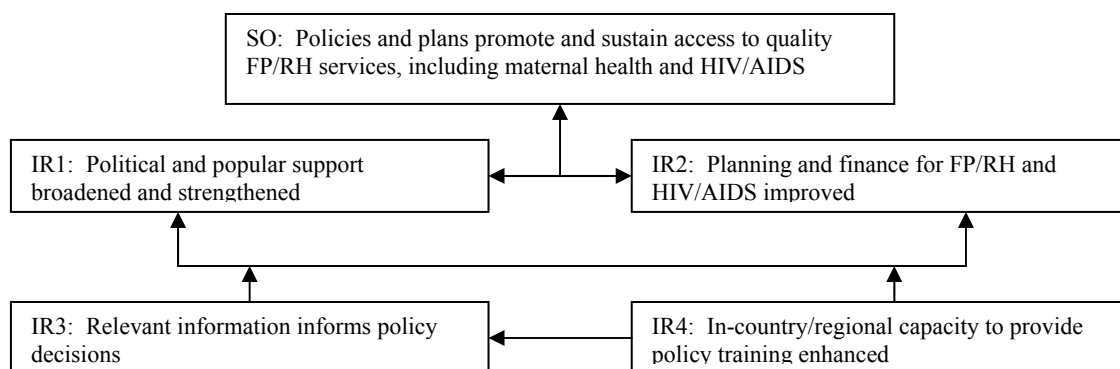
IR1 – *Political and popular support broadened and strengthened*. POLICY will provide assistance to identify and strengthen policy champions; form and strengthen nongovernmental organization (NGO) coalitions; and expand participation of NGOs (including youth, gender, and human rights representatives as appropriate) in the policy process.

IR2 – *Planning and financing for FP/RH and HIV/AIDS improved*. Good planning, adequate resources, and efficient resource use are essential for sustaining access to quality FP/RH and HIV/AIDS services. POLICY will help policymakers design policies and financial mechanisms at the national and subnational levels to increase the level of available resources and to promote the most efficient and sustainable use of those resources to provide family planning, HIV/AIDS prevention, and maternal health services.

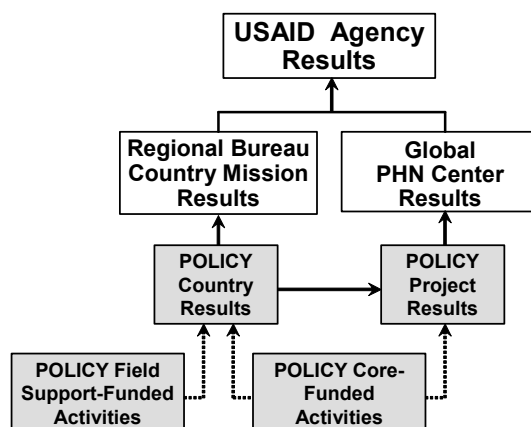
IR3 – *Accurate, up-to-date, relevant information informs policy decisions*. POLICY will expand and make more accessible the information base that supports policy decision making by commissioning or conducting country-specific, policy-relevant research to fill knowledge gaps and answer policy questions. It will develop and refine innovative, user-friendly models and other tools for data analysis and policy dialogue, and help strengthen local capacity to choose among analysis tools and use them appropriately.

IR4 – *In-country/regional capacity to provide policy training enhanced*. POLICY will enhance local capacity to provide policy assistance first and foremost by hiring, supporting, and empowering local long-term advisors (LTAs). These advisors will receive training and support from the project, enhancing their own ability to promote the policy process. The advisors will provide on-the-job training and support to policy analysts, advocates, and policymakers. The project will also develop curricula at regional universities and work toward institutionalizing local capability to train the next generation of policy analysts, advocates, and policymakers.

These IRs interact synergistically as shown in Figure 1. Moving the FP/RH and HIV/AIDS agendas forward in the face of resource constraints requires careful planning and financial analysis before setting priorities. Priorities cannot be addressed without political will but, without demonstrable results, popular support quickly evaporates. Information and training support the first two IRs and thus provide the bases for solid advocacy and decision making and the capacity to use them.

Figure 1. POLICY Results Framework

The project's performance monitoring plan is designed to measure progress toward achievement of the SO and IRs. As shown in Table 1 on the following page, indicators are listed for the SO and IRs with suggested data sources given for each indicator. Country strategies also include a country-specific results framework and performance monitoring plan. In addition to their link to the project's results framework, country strategies are also linked to Mission frameworks and have an SO (usually one of the Mission IRs), their own IRs, and indicators of achievement. Figure 2 illustrates the linkages among country, Mission, project, and agency results frameworks.

Figure 2. Linkages among Results Frameworks

Finally, POLICY's diversified portfolio of country programs and core-funded activities contribute to the achievement of the following GH strategic support objectives:

- SS01: *Increased use by women and men of voluntary practices that contribute to reduced fertility*
- SS02: *Increased use of key maternal health and nutrition interventions*
- SS04: *Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*

Table 1. POLICY II Performance Monitoring Plan

Results	Indicators	Illustrative Data Sources
SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS	<ul style="list-style-type: none"> ❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines to promote access to high-quality FP/RH services ❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines in support of HIV/AIDS prevention, care, and support services ❑ # of countries that increase resources available for FP/RH ❑ # of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use ❑ # of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated ❑ # of countries that adopt policy incentives to increase private sector participation in FP/RH service delivery 	<p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, FP, RH, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, HIV/AIDS, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Budgets, invoices, other evidence of expenditures</p> <p>Actual policy document. <i>Document Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p> <p>Legal and regulatory review; actual policy documents</p> <p>Actual policy document</p>
IR1: Political and popular support broadened and strengthened	<ul style="list-style-type: none"> ❑ # of countries with increased public official and/or NGO support of FP/RH ❑ # of countries with increased numbers and types of agencies involved in FP/RH policymaking ❑ # of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened ❑ # of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions 	<p>Qualitative assessments; key informant interviews; statements of public sector officials or NGO leaders</p> <p>Meeting agendas and attendance lists; ...</p> <p><i>Advocacy Network Questionnaire; Network Member Profile; Sustainability Checklist</i></p> <p><i>Network Member Profile</i></p>

IR2: Planning and financing for FP/RH and HIV/AIDS improved	<ul style="list-style-type: none"> ❑ # of countries with improved score on planning checklist ❑ # of countries that develop and submit for approval plans, policies, or guidelines ❑ # of countries that develop and submit for approval plans or policies that promote increased resources for FP/RH and HIV/AIDS ❑ # of countries that identify, test, or adopt new financing mechanisms ❑ # of countries that develop guidelines or mechanisms for efficient and/or equitable resource allocation 	<p><i>Planning Checklist</i></p> <p>Documents and letters of transmittal for approval Documents and letters of transmittal for approval</p> <p>Documents; pilot tests; etc.</p> <p>Documents and letters of transmittal for approval; <i>Documentation Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p>
IR3: Accurate, up-to-date, relevant information informs policy decisions	<ul style="list-style-type: none"> ❑ # of new tools created or adapted to address FP/RH or AIDS issues ❑ # of countries that use information produced with support from POLICY for policy dialogue, planning and/or advocacy ❑ # of national/subnational policies/plans that use information produced with support from POLICY 	<p>Project records</p> <p>Key informant interviews; documents with citations highlighted</p> <p>Documents with citations highlighted; key informant interviews</p>
IR4: In-country/regional capacity to provide policy training enhanced	<ul style="list-style-type: none"> ❑ # of countries in which LTAs provide TA and/or conduct training in the policy process ❑ # of countries in which counterparts trained or supported by POLICY conduct training in the policy dialogue, planning, and/or advocacy ❑ # of instances in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions ❑ # of instances in which POLICY contributes curricula and/or instructors in policy analysis, planning, finance, and advocacy to other training programs ❑ # of instances in which other cost-effective capacity-building interventions are implemented 	<p>Project records; quarterly reports</p> <p>Training course materials</p> <p>Training course materials</p> <p>Project records; training course materials</p> <p>Project records; other sources TBD</p>

III. WORKPLAN FOR CORE-FUNDED ACTIVITIES

The core-funded program for Year 3 of the POLICY Project will be organized around the project's SO and four IRs as set forth in the previous section. The IRs function to define the strategic objective in the context of the project; place focus on general subobjectives and results; and provide an organizational format for reporting activities and results as well as for budgeting and accounting for financial expenditures. The following sections of the workplan detail our objectives, approaches, planned activities, and expected results for Year 3 core-funded activities for SSO1 (FP/RH), SSO2 (Maternal Health), and SSO4 (HIV/AIDS). Core-funded work will be carried out in close coordination with country programs, and the mechanisms for ensuring this coordination are set forth below.

POLICY's core funding is undergoing a significant shift in its proportional mix by funding source. At the beginning of POLICY II, about 10 percent of our core money was HIV/AIDS funding, and there were no funds for maternal health. With POLICY's Year 3 funding cycle, maternal health funds account for about 10 percent of the core program, while HIV/AIDS has risen to 32 percent. Population still accounts for the majority of core funds with 58 percent of the total. The increase in HIV/AIDS funding has caused us to devote more effort to managing and achieving HIV/AIDS results than anticipated when the contract was signed in July 2000.

To facilitate reporting, we have organized the workplan around funding sources, including separate sections for FP/RH, maternal health, and HIV/AIDS core funds. Within each section, we have further organized the content according to IRs, working groups, and core packages. Regional activities are described in Section IV. While we have organized the core workplan by funding source, there are a number of synergies across the IRs where there are opportunities for mutually supportive approaches and activities. We have noted these where appropriate in the text.

A. Use of SSO1 (FP/RH) Core Funds

Funds not allocated to POLICY "core packages" will be spent on certain key activities judged by GH/POP/PEC and project management to be central to achieving project objectives. The following section describes these SSO1 (FP/RH) core-funded activities and the expected results for Year 3. A summary budget for the use of population core funds appears in the Appendix (Table A-1). SSO2 core funds allocated for maternal health activities and SSO4 core funds allocated for HIV/AIDS activities are summarized in subsequent sections.

1. IR1: Political and Popular Support Strengthened (FP/RH)

The objective of IR1 is to build political commitment and popular support for client-focused FP/RH policies and programs. We achieve this objective by building the advocacy and policy dialogue skills of policy champions, by creating and strengthening sustainable NGO advocacy networks, and by expanding the role of the private sector (commercial and civil society) in policy planning, formulation, and implementation.

Our IR1 FP/RH program covers a range of activities aimed at contributing to POLICY's overall strategic objective. Each year, however, we reassess the core-funded program in light of progress to date on current activities, and in light of emerging needs. For the next year, and most likely into the following year, we will be focusing our discretionary efforts on unmet need for family planning in Africa and on policy dialogue and advocacy around contraceptive security.

Unmet need for family planning remains high in most African nations, particularly among the most vulnerable populations such as the urban and rural poor, youth, and HIV-positive women and men. Providing accessible and high-quality FP/RH services is an essential component of health policies and programs and a moral responsibility of policymakers, especially in sub-Saharan Africa. Closely associated with unmet need is the availability of stable sources of financing and contraceptive supplies, particularly in countries undergoing phaseout of donor provision of commodities. Too often, policy dialogue on the various aspects of contraceptive security (and self-reliance) is not followed by sustained advocacy efforts that result in improvements in the policy environment concerning contraceptive supplies.

Therefore, POLICY will use a significant portion of IR1 core funds in Year 3 to advance approaches and tools to address the priority issues of

- Political commitment for family planning in sub-Saharan Africa, and
- Contraceptive security (CS).

Issue	Strategy		
	Policy Champions	Advocacy Networks/NGOs	Private Sector
Political will and commitment to FP in Africa	Develop/provide TA on policy analysis guide** Enhance knowledge of research findings/policy issues (e.g., global research on family planning programs (FPPs))**	Strengthen advocacy training skills ** Enhance knowledge of research findings/policy issues (e.g., global research on FPPs)** Support advocacy campaigns Strengthen sustainability and viability of advocacy networks	
Contraceptive security	Develop CS briefing packet to increase understanding of CS for advocacy **	Enhance knowledge of CS technical and policy issues and applications in advocacy** Organize partnership forums around CS Support advocacy campaigns for CS	Support opportunities to engage private sector in dialogue on CS** Develop materials to increase understanding of benefits of CS to private sector **

**Activities designed and implemented in collaboration with IR2, IR3 or IR4.

Summary of Year 2 accomplishments:

Major IR1 accomplishments in Year 2 focused on developing tools and materials to enhance the roles and capabilities of network partners and other advocates; conducting staff development

activities; collaborating with SSO2 on safe motherhood initiatives; and providing continued support to country programs through training, technical assistance, and small grants.

The training module, “Developing Multisectoral Partnerships” was finalized and pilot tested with POLICY field staff during Technical Development (TD) Week. The purpose of the training is to promote public, private, and NGO partnership and collaboration in FP/RH policy formulation and implementation. A second training module, “Meeting Reproductive Health Needs Through Better Planning and Financing,” was developed in close collaboration with IR2. This module is designed to help advocacy networks, public officials, and policy champions gain a basic understanding of planning and finance concepts and issues and the implications of these issues for advocacy work, and to encourage the incorporation of planning and finance objectives into advocacy strategies. The module was pilot tested with the Ukrainian Reproductive Health Network in June 2002. The “Maternal Health Supplement” to the Advocacy Training Manual was written in collaboration with JHPIEGO’s Maternal and Neonatal Health (MNH) Project, and the “Human Rights Supplement” was prepared in draft. Work also began on the “Adolescent Reproductive Health Supplement.” The Advocacy Training Manual was translated and printed in Romanian, Turkish, and Russian.

IR1 staff carried out an extensive evaluation of the Advocacy Training Manual through interviews with POLICY staff and partners in the U.S. and 13 countries, as well as with other cooperating agencies (CAs) and donors that have requested and used the manual. The final report will be available in August.

A Regional Advocacy Specialist for LAC and a Senior Advocacy Specialist/RH were hired. In addition, IR1 designed and conducted a 7-day training and orientation program for POLICY staff from Peru and the Philippines, a Romanian network coordinator, and the USAID/Manila Advocacy Specialist. The training was designed to strengthen capabilities in training skills, advocacy, network development, partnership, and network sustainability, and to provide a general orientation to the project. IR1 also supported staff participation during TD Week as moderators, presenters, and trainers.

IR1 staff collaborated with POLICY/MH, JHPIEGO’s MNH Project, and the International Confederation of Midwives (ICM) to design and carry out a five-day advocacy and leadership training in Ghana for midwives from eight African countries. The advocacy strategies developed by the midwives addressed critical maternal health issues that included screening and treatment, access to quality care, training for midwives and expansion of midwives’ services, treatment of complications and referral, and postpartum family planning. IR1 is providing follow-up TA and small grants to assess midwives in implementing their advocacy plans. Planning is underway for a similar advocacy and leadership workshop for 10 countries in the ANE region in collaboration with the ANE Bureau, USAID/MH, POLICY/MH, MNH, and ICM.

At the country level, the IR1 team assisted with designing and conducting the first-ever advocacy workshops in Jamaica for parish-level public health officials in two regions; provided training in advocacy and technical assistance in grant development for three judet-level advocacy networks in Ukraine; conducted advocacy training for the newly formed Jordanian Reproductive Health Network; assisted in the development of a comprehensive sustainability training plan for the Red Nacional de Promoción de la Mujer (RNPM) in Peru; helped design a regional training-of-trainers (TOT) workshop in Russia in collaboration with CEDPA’s Women’s Leadership Project; and made an assessment visit to the Philippines to design an advocacy strategy for national and provincial levels and to help implement it. In addition, IR1 funded small grants in Ukraine (1), Russia (5), Romania (2), and Turkey (1).

IR1 staff contributed to the development of core packages for the Philippines and Romania and supports implementation of the Nigeria core package.

IR1 and IR3 worked together to assess the need for a policy analysis guide to assist policymakers and policy champions to improve their analysis, presentation, and advocacy capabilities. Activities included discussions with POLICY field staff during TD Week, an inventory of FP/RH policies and POLICY's role in formulating those policies in POLICY countries, and an annotated bibliography of policy analyses, reference materials, and tools. Preliminary work on developing a database of Human Rights, Youth, and Maternal Health NGOs indicated the existence of numerous websites and directories of organizations working in these sectors. Consequently, IR1 has decided that investing in another NGO database is duplicative and not cost efficient.

In Year 3, IR1 (FP/RH) core funds will be used to

- ***Strengthen political commitment for family planning programs (FPPs) in Africa***

- Support Bureau for Global Health and Africa Bureau initiatives to advocate for strengthening FPPs in countries severely impacted by AIDS

Phase II of POLICY's study of family planning trends in countries hard hit by AIDS includes the dissemination of study findings and the organization of country workshops to examine implications and suggest ways to strengthen FPPs. In support of USAID efforts to reposition family planning as a critical component of reproductive health services, IR1 will work with the study team to design and organize a regional policy forum to examine findings and develop appropriate policy responses and advocacy strategies to reposition family planning in Africa policy work. Forum participants might include policymakers, FPP managers, researchers, NGO leaders, and policy champions as well as donors, POLICY staff, and other CAs. Strategies will reassert the critical role of family planning in reducing unmet need, improving health and socioeconomic status, reducing maternal and infant mortality, and reducing the overall burden on national health systems.

- ***Develop policy analysis guide***

IR1 will continue its collaboration with IR3, IR4, and POLICY working groups as well as with U.S. and field staff to coordinate the development and dissemination of a "Policy Analysis Guide." Field staff enthusiastically endorsed plans for the policy analysis manual and proposed inclusion of key elements of policymaking, models of policy analysis and policy change, conflicting policies, and "good" versus "bad" policy elements. The Gender Working Group's guidelines for addressing gender in policy analysis will be integrated into the guide. Field staff expressed interest in contributing to the guide and identified POLICY staff, policymakers, policy researchers and analysts, and the staff of policymaking bodies as the potential audiences. IR1 will also expand and annotate the "Policy Process Bibliography" in collaboration with IR3 and disseminate it through the Intranet.

- ***Conduct TOT in advocacy in Africa***

IR1 will collaborate with IR4 to design and conduct an Africa Regional TOT Workshop for partners and champions from networks, civil society, and the public sector. The workshop will emphasize training and facilitation skills and address the needs of participants with respect to technical knowledge around FPPs in Africa. This activity would be closely connected to our work in Africa and would include the repositioning of FP in Africa.

Contraceptive Security

- In collaboration with IR2, we will develop CS briefing packets for policy champions and advocates to (1) increase their understanding of key policy issues surrounding CS and appropriate government response to the issue, including targeting of scarce public sector resources, and (2) improve advocacy for CS. Also with IR2 collaboration, we will prepare briefing materials for use with the private sector to increase understanding of CS issues, in particular, the benefits of an expanded role for the private sector.
- Support public-private partnership workshops in countries addressing CS, such as in Romania and the Philippines. Other potential support may include organizing technical roundtables on CS with private sector representatives.

Continuing Programs

In addition to our focus on FP/RH in Africa and contraceptive security, we will continue with key aspects of our core-funded work. These activities include providing technical assistance to country programs in general, strengthening NGOs and their networks, planning for ICPD +10, advocacy around safe motherhood, and documenting methods and results.

- *Support country and regional-level activities with TA, training, and small grants*

In consultation with regional and country managers and field staff, IR1 will provide guidance in developing and implementing workplan activities to (1) create, expand and strengthen advocacy and technical capabilities of policy champions and networks; (2) promote public-private-NGO partnerships; (3) fund small grants to support advocacy efforts; (4) and support south-south exchanges among networks and policy champions.

Working in collaboration with IR1/HIV/AIDS and other IRs, IR1 will identify and/or develop new tools, approaches, presentations, and materials that can be integrated into the capacity-building activities of advocacy networks and policy champions worldwide.

The newly developed modules on planning and finance, sustainability, and multisectoral partnerships will be used with NGOs, networks, and/or multisectoral groups to further the mandate of IR1. For example, in Haiti, core resources will support TA and training aimed at ensuring the sustainability of longstanding NGO partners. In the West African Regional Program (WARP), the partnership module will be adapted to a regional context to build partnerships among parliamentarians, media, NGO representatives, and public officials in West Africa to increase and improve FP programs and resources. In Jamaica, IR1 will continue its work with parish-level public health officials to develop and implement advocacy strategies and will document the lessons learned from working with public sector advocates. In Ghana, IR1 will assist district-level networks sustain organizational integrity and advocacy efforts through TA and small grants. Small grants to judet-level networks in Romania will sustain the networks and support continued efforts to advocate to and build partnerships with the Ministry of Health.

Core funds may also support the participation of staff and/or local partners at international or regional FP/RH meetings and conferences or to participate in regional TD Weeks.

- *Preparation for ICPD+10*

UNFPA has not yet provided any guidance on the process or structure of ICPD+10 preparatory or final sessions. However, in anticipation of potential ICPD+10 activities, IR1

will support the participation of network or NGO members and public and private sector policy champions at preparatory meetings, regional roundtables, or technical forums to assess and report on the status of reproductive health with special emphasis on declining support for FPPs in Africa, contraceptive self-reliance, gender equity, sexual and reproductive rights, safe motherhood, and adolescents' access to information and services. [Note: POLICY has played a critical role in many international conferences, and we will continue this support with major upcoming conferences.]

- *Documentation*

POLICY has the distinction among CAs and donors of incorporating advocacy into all aspects of its policy work. Yet despite intense efforts to educate partners, other CAs, and Missions about advocacy, there remains a lack of understanding about its vital role in promoting participatory policy processes. During Year 3, IR1 will prepare a series of fact sheets to document the diversity of advocacy approaches and partners in POLICY countries (i.e., networks, champions, parliamentarians, multisectoral groups, religious leaders, media, community-based organizations, etc.), and profile the various activities, target groups, and policy results achieved. U.S.-based and field staff will be invited to contribute to preparing the country fact sheets.

- *Design and conduct advocacy and leadership training for midwives in ANE and LAC and support follow-up advocacy activities in Africa, ANE, and LAC*

IR1 will continue its collaboration with the POLICY/MH team, the ANE Bureau, USAID/MH, and ICM to design and conduct the ANE regional midwifery advocacy and leadership workshop. The training will assist midwives in expanding their role in policy dialogue on maternal health policy and programs and developing advocacy strategies for such priority issues as removing operational constraints to their provision of basic life-saving skills or allowing midwives to insert IUDs and provide other family planning methods. The foundation of the workshop is the Maternal Health Supplement to the Advocacy Training Manual. POLICY and MNH will also collaborate on a LAC midwives workshop that IR1 will support.

Proposed IR1 (FP/RH) core-funded activities for Year 3:

- Design and organize regional policy forums to examine and develop appropriate advocacy interventions to reposition family planning in African countries hard-hit by HIV/AIDS.
- Design and conduct Africa Regional TOT Workshop.
- Produce "Policy Analysis Guide."
- Prepare CS briefing packets and materials.
- Conduct "Partnership" workshops to devise strategies for multisectoral advocacy efforts for CS.
- Work with regional and country managers to integrate IR1 activities for both FP/RH and HIV/AIDS into country workplans and provide technical support, training, and small grants to implement IR1 activities.
- Conduct regional midwifery leadership and advocacy workshop and provide small grants and TA to midwives in ANE and LAC.
- Provide technical and financial support (through small grants) to selected network or NGO representatives to participate in or organize technical meetings, regional roundtables, and/or workshops in preparation for ICPD+10.
- Conduct network sustainability workshops, provide TA and small grants to implement, monitor and evaluate sustainability activities.

- Write country fact sheets.
- Support staff and partner participation in regional TD weeks.
- Identify and fund opportunities for staff, network, and policy champions' participation in international and/or regional meetings/conferences on FP/RH.
- Hire new staff to support IR1 (FP/RH).
- Translate and print maternal health, human rights, and adolescent supplements to the Advocacy Training Manual.

Potential linkages to Year 3 field-support activities:

IR1 will continue to work closely with country and regional managers and local partners to improve the advocacy capacity and capabilities of civil society groups, expand the role of policy champions, and initiate efforts to engage the private sector. Technical assistance and training will focus on developing and implementing advocacy strategies for priority issues, assisting in the creation and sustainability of advocacy networks and groups, backstopping local advocacy staff, and supporting public/private partnerships for policy formulation and implementation. For example:

- In Uganda, IR1 will assist the Ugandan Reproductive Health Network in advocating for youth-friendly reproductive health services at both the national and district levels.
- In Jordan, IR1 supports the efforts of the newly created multisectoral advocacy network to increase the reproductive health line item in the MOH budget and to partner with public and private institutions to implement the National Reproductive Health Action Plan.
- In the Philippines, IR1 is helping to establish provincial health advocacy networks to promote the inclusion of family planning commodities and services in health insurance and increase local funding for FP/RH programs.

Expected achievements for Year 3:

- African policy champions publicly speak out to promote their respective countries' FPPs.
- Policy champions, using POLICY developed materials, lead public forums on FP financing and CS.
- Private sector organizations (private commercial, NGOs, provider groups or associations) organize forums on the benefits of CS to the private sector.
- FP/RH advocacy networks expanded to include non-FP organizations.
- Training, advocacy, networking, and analytical technical skills of champions and advocates enhanced.

2. IR2: Planning and Finance Improved (FP/RH)

The overall strategy for IR2 is to increase the resources available to FP/RH and maternal health programs through improved planning. The strategy is defined by three goals: to increase resources available to FP/RH and maternal health programs; to improve planning processes at the national and subnational levels; and to achieve greater efficiency in the use of existing resources. POLICY will achieve these goals by building capacity among country counterparts, LTAs, and project staff to identify and address planning and finance issues in country programs, advance policy approaches to addressing planning and finance issues, and obtain definitive and sustainable results at the country level via core packages.

The IR2 team will collaborate with IR1 to use advocacy to support efficient and focused financing choices, with IR3 to ensure that sound research and accurate data guide financing

decisions, and with IR4 to improve country and regional capacity in the areas of planning and finance. In addition, we will incorporate gender and human rights into its activities. These approaches will be applied to implement specific activities in the three priority areas identified above.

Summary of Year 2 achievements:

- Launched the *Policy Issues in Planning and Finance* series.
- Prepared a policy brief and PowerPoint presentation on “Policy Aspects of Achieving Contraceptive Security” as the first issue in the series.
- Prepared a policy brief on “Setting Priorities in Reproductive Health: Lessons Learned” as the second issue in the series.
- Disseminated the P&F presentation during TD Week (April 2002) and at the NGO Advocacy workshop (November 2001).
- P&F presentation distributed to country managers in Guatemala, Egypt, and Russia.
- Participated in and provided technical direction to the development of core packages for Jamaica, Guatemala, Philippines, and Kenya.
- Disseminated the contraceptive security presentation during TD Week, the Common Assessment Framework (CAF) workshop organized by DELIVER, and at USAID for the CLM division.
- Prepared presentations and background papers on “A Family Planning Market Segmentation Analysis: A First Step in Operationalizing Contraceptive Security Policies in Romania”; and “Barriers to Implementing Contraceptive Security Policies in Romania” for the roundtable conference organized in Sinaia, Romania from October 15–16, 2001.
- Contributed to the development of a Planning and Finance module for the Advocacy Training Manual in conjunction with IR1.
- Developed in conjunction with MSH, the Capacity Building and Human Resources Development Module, and provided critical review for other modules for the “Strategic Pathway for Reproductive Health and Commodity Security” (multi-CA effort).
- Organized a strategic planning workshop, co-funded with field support for the Western Regional Health Authority in Jamaica.
- Conceived and developed a core package for a FP/RH GOALS model which was approved in June.

In Year 3, IR2 core funds will be used to

- Develop new, and improve existing, tools and techniques as practical, user-friendly approaches that POLICY country managers can use to improve planning and finance in selected countries. The focus areas for Year 3 will include advancing policy approaches and interventions in four key areas (as highlighted in the table below depicting our overall framework for IR2):
 - * Resource allocation
 - * Contraceptive security policy
 - * Public-private collaboration
 - * Decentralization

Objectives	Approach
Good planning	Build public-private collaboration* Priority-setting techniques Decentralization*
Efficient use of resources	Operational policy analysis Market segmentation Source and use analyses Integration of RH/FP/STD/HIV/AIDS Resource allocation models*
Adequate resources	Contraceptive security* New financing mechanisms Insurance

* Focus in Year 3

Most of this work will occur through development of packages for country programs. Core support will be used to support small-scale activities such as undertaking research/studies, developing background planning and finance papers, and/or documenting country program results where any one of these approaches are implemented. In conjunction with the POLICY packages, IR2 approaches include participation in country assessments and hiring local planning and financial advisors.

Resource Allocation

- Prepare two P&F training modules on (1) Strategic and Financial Planning; and (2) Budgeting to develop an understanding of strategic planning and budgeting processes and concepts among project staff, LTAs, and local counterparts. The first module will be designed to link the strategic and financial planning processes and will include costing of activities. The second module will build on the first to demonstrate how the annual budgeting process is related to the multiyear strategic and financial plans. These training modules will be based on the larger P&F presentations developed in Year 1 to raise awareness of key FP/RH finance issues and approaches. The training modules will be pilot tested in Jamaica, with the caveat that Jamaican counterparts use that training to achieve an IR2 result in the country.
- We will continue disseminating the P&F presentations at the regional TD Weeks, and depending upon requests from the field, IR2 may support more in-depth training or TA to country programs.

Contraceptive Security

- In addition to the contraceptive security brief developed in Year 2, IR2 will develop two policy briefs on specific contraceptive security issues: market segmentation and targeting, and HIV/AIDS and dual protection. The IR2 team will also prepare a paper on contraceptive security concepts and definitions. The IR2 team will participate in various contraceptive security activities, including the development of the contraceptive assessment framework being undertaken by DELIVER and other CAs. Additionally, two representatives of the IR2 group will become active members of USAID's recently formed Contraceptive Security Working Group.

Public-Private Collaboration

- In the area of public-private collaboration, IR2 will support documenting the lessons learned from Indian states in designing and implementing innovative public-private initiatives. In addition, IR2 will explore the possibility of developing a core package on public-private partnerships.

Decentralization

- Implementation of the Philippines core package will provide an opportunity to focus on the operational and policy issues in meeting FP/RH needs in a decentralized setting within the context of health sector reform. It will also provide an opportunity to coordinate with IR1 NGO network activities and involve IR1 staff in strategic planning processes at subnational levels. [Note: the Mission has rejected this core package, but we will continue to pursue it in the next months.]

Proposed core-funded activities for Year 3:

- Prepare P&F training modules on strategic planning and budgeting to develop an understanding of concepts, tools, and processes.
- Continue disseminating awareness-raising presentations of POLICY approaches to improve FP/RH planning and finance at regional TD Weeks, advocacy workshops, and training programs.
- Prepare two policy briefs that draw on global conferences and national experiences gained under POLICY. Potential topics include market segmentation and targeting, HIV/AIDS and dual protection, and reproductive health security.
- Assuming funding is available, document lessons learned in one of three areas: public-private collaboration from different state programs in India, removing operational policy barriers, or priority setting.
- Participate in the Strategic Pathway of Reproductive Health Commodity Security (SPRHCS) initiative.
- Assist the government of Jordan to develop a plan for contraceptive security.
- Participate in USAID Contraceptive Security Working Group.
- Design and carry out LAC regional activities; possibilities include lessons learned from countries that have undergone phaseout and regional workshops.
- Participate in and provide technical direction to POLICY “package” countries; support the development of packages focused on such topics as contraceptive security, dual protection and gender issues, and public-private partnerships.
- Support one or two staff/LTAs to attend training workshops in planning and finance.
- Hire new staff to assist with IR2 activities.
- Work with regional and country managers to incorporate IR2 activities into country workplans.

Potential linkages to Year 3 field-support activities:

- TA to Ukraine and Guatemala in setting priorities and addressing operational policy barriers.
- TA to Jamaica in developing cost-effective FP/STI/HIV/AIDS integration strategies.
- TA to Jordan to develop and fund a strategic plan that moves the country toward contraceptive security.

Expected achievements for Year 3:

- Reproductive Health GOALS Model used for setting national/subnational priorities, selecting feasible goals, estimating financial requirements, and assisting in dialogue about resource allocation (see core package descriptions below).
- POLICY staff, including LTAs as well as an increasing number of USAID/W and Mission PHN officers, will be able to identify key finance issues and/or possible approaches in the countries in which they work.
- POLICY staff and counterparts will be able to identify problems and develop strategies in the four prime areas of resource allocation, contraceptive security, public-private collaboration, and decentralization.
- The reproductive health stakeholders in Kamianets-Podilsky, Ukraine will include reproductive health priorities and selected cost-efficient interventions in the reproductive health implementation plan and will allocate local resources to fund the priorities.
- The Southern and Southeast Regional Health Authorities in Jamaica will use systematic and rational planning and budgeting in their annual planning process.
- Core packages will be developed and implemented in two countries.

3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (FP/RH)

The development and use of information are crucial to successful policy assistance; thus, sound information underpins all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand and raise awareness about FP/RH dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve FP/RH goals.

Through IR3, POLICY supports modeling and research. Modeling work centers on the SPECTRUM suite of models, such as DemProj and AIM, including the development of new models and their incorporation into SPECTRUM (see Table 2 below). The research undertaken is designed to answer policy questions that arise in POLICY work. Much of the research focuses on secondary analysis of existing information, such as DHS data.

Summary of Year 2 accomplishments:***Models***

- Under IR3, POLICY continued to improve and disseminate SPECTRUM models. Through May 2002, 100 complete sets of SPECTRUM and 176 individual manuals were mailed out. There were 2,047 downloads of SPECTRUM files from the TFGI website.
- The Safe Motherhood Model was drafted and presented to the SSO2 team, safe motherhood experts, and POLICY staff members. The model was approved for application.
- The HIV/AIDS GOALS Model was tested and applied in Cambodia, Kenya, Lesotho, and South Africa. Revisions to the GOALS Model have been made based on these experiences in the field.
- The equation review for the NewGen manual was also completed. The PMTCT manual was completed in May 2002.
- Several POLICY staff and others received training in policy models, including EPP, GOALS, Safe Motherhood, and NewGen.

Research

To guide the project's work in the area of operational policies, POLICY completed Occasional Paper #7, *Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs*. The paper was presented at the Population Association of America meetings. At the request of USAID, staff completed an analysis of "Factors Critical to Demographic Transition in Developing Countries: What Do We Know?" A modified version of the paper has been approved for publication in the Occasional Paper series. The Safe Motherhood module of the policy and program guide to effective reproductive health interventions was sent to external reviewers for comment. IR3 staff also provided assistance to country programs and to core package teams to develop and review research protocols and data collection instruments.

Under IR3, Year 3 core funds will be used to continue work on both models and research. Models work is conducted throughout the project. IR3's role is to maintain the models once they are developed and to distribute them worldwide. IR3 collaborates with other IRs to ensure that staff is trained in new and existing models. Year 3 objectives are to bring new models into the SPECTRUM system, collaborate with other IRs and working groups to update policy models to address key reproductive health concerns (RH-GOALS, the costs of safe motherhood interventions, adolescents, HIV/AIDS), and to update, translate, and disseminate policy models.

Research is conducted throughout the project. Most research on planning and finance is supported by IR2, for example. On these studies, IR3 staff will provide technical assistance as required. In Year 3, IR3 will continue to support global policy-relevant research on topics other than planning and finance, disseminate policy relevant research through *Policy Matters*, working papers, occasional papers, and journal articles, and strengthen research training under IR4. In addition, IR3 will continue to provide TA to field-based studies.

Proposed core-funded activities for Year 3:

- Bring new models into the SPECTRUM system.
 - Bring the GOALS HIV-AIDS resource allocation model and the Safe Motherhood Model into the SPECTRUM system.
 - Add a cost component to the Safe Motherhood Model.
- Update policy models to address key reproductive health concerns (RH-GOALS, the costs of safe motherhood interventions, adolescents, HIV/AIDS).
 - Complete NewGen Model, including manual and documentation.
 - Prepare an RH-GOALS Model (see core package description).
 - Revise calculations of AIDS orphans in AIM.
 - Update FAMPLAN.
- Update, support, translate, and disseminate policy models.
 - Continue to disseminate SPECTRUM models.
 - Add a help function to SPECTRUM.
 - Put SPECTRUM on the web.
 - Create a SPECTRUM archive.
 - Provide other general support for models, as needed.
 - Translate and print the RH-GOALS model manual.

Table 2. Availability of POLICY Models and Manuals

Model	In SPECTRUM	Language					
		English	Spanish	French	Portu- guese	Russian	Arabic
DemProj makes population projections required by the other programs in SPECTRUM.	Yes	X	X	X	X	X	X
FamPlan projects FP requirements needed to reach national goals for addressing unmet need or achieving desired fertility.	Yes	X	X	X		X	X
AIM projects the consequences of the HIV/AIDS epidemic.	Yes	X	X	X	X	X	#
RAPID projects the social and economic consequences of high fertility and rapid population growth.	Yes	X	X	X	*		X
NewGen projects the characteristics of the adolescent population in terms of such indicators as school enrollment, sexual activity, pregnancy rates, prevalence of HIV and STIs, and marriage rates.	Yes	X	#	#			#
Ben-Cost compares the costs of implementing FPPs with the benefits of those programs.	Yes	X	#	#			
PMTCT evaluates the costs and benefits of intervention programs to reduce transmission of HIV from mother to child.	Yes	X	X	X			#
Safe Motherhood represents the relationships between a national maternal health program and the resulting maternal mortality ratio (MMR) and the number of maternal deaths.	No, Excel only	#					
GOALS addresses resource allocation for HIV/AIDS programs. The model helps answer three key questions: (1) How much funding is required to achieve the goals of the strategic plan? (2) If funding is limited, what goals can be achieved with available funding? and (3) What is the effect of different ways of allocating available resources among various prevention, care, and mitigation interventions?	No, Excel only	X	X	X			
Key: X = Both model and manual are available # = Only the model is available * = Only the manual is available							

- Support global policy-relevant research (as funding allows).
 - Complete the HIV/AIDS and Preventing Unintended Pregnancy modules for the Policy and Program Guide to Effective RH Interventions.
 - Disseminate the Safe Motherhood module from the guide.
 - Fund RAND, Pathfinder, and ICDDR,B to conduct additional analysis on the effect of family planning on abortion in Bangladesh (a follow up to the POLICY I Global Commissioned Study with RAND, Pathfinder, and ICDDR,B).
 - Prepare an analysis of future needs in family planning and service delivery for USAID.
 - Provide TA for an analysis on the gender effects of promotion of dual method use in Jamaica (in collaboration with the gender working group).
 - Provide TA to country or package-funded research (e.g., Malawi, Ukraine, Jamaica, and Peru).
- Carry out additional global research projects that will have applicability to POLICY countries (subject to staff availability, funding, and approval).
 - Cross-country market segmentation and implications for contraceptive commodity procurement (using DHS) to help identify groups of clients who can afford to pay for contraceptive commodities but continue to avail themselves of subsidized public commodities and services.
 - Update on cost recovery for FPPs using DHS from 1995–2001 to provide a current review of the relationships among contraceptive use, method choice, and supply services as they relate to cost-recovery programs.
 - User fee mechanisms and exemptions for maternal health services to understand how well mechanisms for exemptions for user fees for maternal health care work.
 - Analyze the fertility transition in sub-Saharan Africa to assess the trends in fertility patterns in relation to other regions and the impact of HIV/AIDS on the fertility transition and to examine the prospects for the timing of fertility transition in sub-Saharan Africa.
- Disseminate policy-relevant research through *Policy Matters*, working papers, occasional papers, journal articles, and brown-bag lunches.
 - Publish a POLICY Occasional Paper titled, *Completing the Demographic Transition in Developing Countries*.
 - Prepare a journal article on addressing operational policies based on country experience (e.g., India, Ukraine, Romania).
 - Collaborate with IR1 to prepare a paper, “From Population to Reproductive Health: Policymaking in the 21st Century,” as part of the IR1 Policy Analysis Guide.
- Strengthen research training under IR4.
 - Provide training and mentoring to staff for producing and publishing research results.
 - Collaborate with IR4 on training staff in the use of models.

Potential linkages to Year 3 field-support activities:

- Operational policy work incorporated into country programs.
- Technical review of country-level research in five countries.
- Publication of global and country-level research.

Expected achievements for Year 3:

- NewGen completed and disseminated; Safe Motherhood completed.
- Operational policy work undertaken in more project country activities.
- Staff trained in producing papers and other documentation of research results.
- Staff trained on new models (GOALS, Safe Motherhood, NewGen).
- POLICY research results published in various forms.

- The Safe Motherhood module from the efficacy guide disseminated; two additional modules completed.
- Analysis of future family planning service delivery needs prepared and provided to USAID.

4. IR4: Capacity Development (FP/RH)

IR4 focuses on building capabilities of POLICY staff and establishing courses and training interventions to foster policy champions around the world. It has two main objectives: One is to deliver selected training to current staff and associated policy champions to improve their knowledge and skills. A second is to ensure a supply of new and future policy champions by designing, delivering, and institutionalizing courses and short learning modules, particularly at national universities, training centers, and regional institutes where the curricula are most likely to be adopted and continued.

A great strength of the POLICY Project is the number of its skilled and accomplished LTAs and country managers. IR4's first objective includes providing ongoing support to LTAs so that they advance the policy process and strengthen training capacities in policy topics at local institutions and universities. Much of IR4's work during Year 3 under this objective will consist of technical updates delivered on a regional basis, the sharing of information and documentation across countries and regions, support for developing a POLICY Associates Initiative, and assistance by IR4 as LTAs and Country Directors respond to in-country, ad hoc requests for capacity building. The POLICY Associates Initiative is designed to foster interest among promising individuals and enhance their capabilities for policy work through short-term courses, a variety of internships, and tailored guidance by senior LTAs. There will also be efforts to bring additional field staff into positions of project management as POLICY aims at leaving many skilled staff in place at the end of the project. Selected technical updates sponsored in part by IR4 will strengthen U.S.-based staff skills in matters such as HIV/AIDS interventions and health program financing and costing. IR4 will also collaborate with IR3 in training new staff in SPECTRUM models for policy analysis and formulation, as well as on new models, such as GOALS.

The second IR4 objective aims at establishing policy courses and training interventions in other institutions and contexts. IR4 will accomplish this especially by facilitating the work of its most senior Country Directors and staff to apply their experience, technical knowledge, and professional connections. By the end of the project, we expect that LTAs and other POLICY staff employed in field-supported country programs will be actively providing TA and training to their colleagues to further the policy process. A number of regional and national institutions will have established ongoing policy-related programs with the potential of reaching thousands of counterparts into the next decades.

Summary of Year 2 accomplishments:

- Strengthened knowledge and skills of POLICY staff through the design and delivery of TD Week that provided updates and training for 68 persons, including 48 overseas staff from 28 country and regional programs.
- Assisted and underwrote the development and delivery of the curriculum, "Policy Analysis and Presentation Skills," for two workshops in Cairo, Egypt, conducted during August and September 2001 by POLICY/Egypt staff in collaboration with the South-to-South Initiative.
- Created a brochure on IR4 TA and resources for Jordan, which is distributed to universities, training institutes, and NGOs in order to identify and develop policy training courses, modules, and events that can be institutionalized in-country to produce new policy champions.
- Drafted and distributed three-part internship manual for POLICY LTAs and country managers as guidance concerning approaches, parameters, and practices for selecting and training promising policy specialists.
- Provided guidance in support of an internship in Kenya under Dr. Wasunna Owino.

In Year 3, IR4 core funds will be used to

- Improve the skills of POLICY staff through technical updates and sharing of field experiences, particularly through regional TD Weeks.
- Support POLICY country staff with solid working connections in local academic and training settings to introduce policy-related courses or selected modules into existing programs and curricula.
- Strengthen and standardize skills of five staff as Regional Coordinators of Capacity Building in order to systematize approaches for introduction of policy-related courses, enhance curriculum development capabilities, develop prototypes for policy courses, and design and develop a POLICY Associates Initiative for senior policy champions while offering tailored internships for promising, young candidates.
- Continue to adapt relevant policy course curricula and materials used in various settings for teaching policy analysis skills to graduate-level students and career professionals so as to turn the most appropriate of these items into learning packages for application at selected universities, institutes, and training centers.

Proposed core-funded activities for Year 3:

- Hold regional TD Weeks for POLICY staff in three regions to provide insights, practical approaches, and sharing of lessons learned across areas of common concerns.
- Conduct a weeklong meeting with Regional Coordinators of Capacity Development during late 2002 to review and revise as needed the IR4 strategy and implementation plan for capacity development, strengthen approaches to standardizing course and curriculum development, continue work on materials to complete prototype policy course, and strengthen plan for fostering and developing policy champions through mechanisms such as POLICY Associates Initiative and internships.
- Implement selected and tailored policy internships supervised by senior LTAs using guidelines developed by IR4.

Potential linkages to Year 3 field-support activities:

- Within the framework of South-to-South Initiative, institutionalize training capabilities at Regional Center for Training, Ain Shams University, Cairo, in policy analysis and advocacy.
- Joint development of SPECTRUM training with Makerere University, the Population Secretariat of the Ministry of Finance, Planning and Economic Development, and Ministry of Health in Uganda.
- Policy Analysis, Formulation, and Advocacy courses at universities and training institutes in Jordan.
- In conjunction with the Philippine Population Institute, training of state and local college and university faculties in the use of population and health data so as to work with local health and municipal authorities in developing evidence-based resource allocation plans in decentralized settings.
- Further development of senior staff capabilities at the Commonwealth Regional Health Community Secretariat in East and Southern Africa to enhance policy training among country counterparts in the region, work closely with country counterparts in governments, and develop regional strategy for HIV/AIDS interventions and resource mobilization.
- Design and deliver course on planning and financial management skills for facilities managers in Kenya in collaboration with field-supported Health Sector Reform Project.
- Policy analysis and leadership course in India at both the International Institute of Population Sciences and the India Institute of Health Management Research.
- Deliver course in health policy, strategic planning, and civil society as part of a recognized diploma program at a Mexican university.

Expected achievements for Year 3:

- Six policy-related courses designed and delivered at universities and training institutes for pre-service and in-service health and population personnel.
- Two prototype courses will be developed, disseminated, and available on the POLICY Project website, specifically, the courses developed in Egypt and Kenya.
- Up to three internships for promising policy-oriented personnel completed in Egypt, Kenya, and Washington.
- Regional Coordinators for Capacity Building will be active in their countries in promoting the teaching of FP/RH policy analysis among key educational institutions.
- POLICY overseas staff will be more effective in their performance as a result of training received during the regional TD Weeks as well as through ad hoc assistance related to their becoming country program directors and managers.

5. Core-Funded Working Groups (FP/RH)

a. Adolescent Working Group (AWG)

The purpose of the AWG is to create a shared understanding of critical issues in ARH, both globally and regionally, and to explore ARH issues in the context of sexual and reproductive health policy. A primary role of the AWG is to educate POLICY staff about ARH to promote greater integration of ARH policy activities into country programs and activities. Another important purpose is to create and collect relevant supporting information, resources, and tools for POLICY staff to use in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Planned activities for Year 3 include:

- Complete the IR1 advocacy supplement on ARH (almost complete).
- Complete policy compendium of existing ARH-related policies in POLICY and other countries; prepare analysis and scan documents.
- Prepare three country briefs on ARH policies and programs (Nigeria, Jamaica, Philippines).
- Conduct four brown bag lunches on ARH issues.
- Conduct training for staff in NewGen (in collaboration with IR3 and IR4).
- Complete ARH policy and program issue papers.
 - Paper examining policy issues on ARH and HIV/AIDS.
 - Paper examining adolescents' and young adults' patterns of sourcing modern contraceptive methods, the factors that influence the choice of sources, and policy and program implications.
 - Paper examining the risk and protective factors related to the exchange of sex for money for adolescent girls and boys in sub-Saharan Africa.

Expected achievements for Year 3:

- Increased integration of ARH policy activities in country programs.
- Staff use relevant data and tools to raise awareness of ARH policy issues in country programs.

b. Gender Working Group (GWG)

The GWG supports the integration of gender into the POLICY Project and policy activities of USAID/GH. For Year 3, our overall strategy will be to continue participation and leadership in the Interagency Gender Working Group (IGWG), while devoting increased resources to consolidating POLICY's internal gender work. The GWG will

- Leverage technical inputs to and the resources available through the IGWG by adapting the materials and methodologies for use in POLICY.
- Use non-IGWG core resources to
 - Further mainstream gender within POLICY via information-sharing, TA, and development of a set of gender analysis guide for policy analysis and training;
 - Build POLICY expertise in identified focus areas and document and disseminate gender work beyond POLICY; and
 - Advocate for greater allocation of resources to gender in policy programs, as well as leverage resources by partnering with other projects to address gender in reproductive health.

Planned activities for Year 3 include:

- Provide leadership to IGWG.
 - Chair the IGWG Technical Advisory Group.
 - Lead the IGWG task force on Gender and HIV/AIDS.
 - Lead the IGWG task force to collect evidence-based examples of gender sensitive reproductive health programming.
 - Lead the Gender and Quality of Care task force.
 - Coordinate and provide gender training/workshops to USAID and CAs, in collaboration with USAID IGWG counterparts.
- Bring IGWG tools to bear in POLICY's portfolio, through dissemination of materials (including via the Intranet) and TA to adapt tools as needed to a field setting.
- Facilitate IEC within POLICY on current gender issues, resources, and ongoing fieldwork via expanded use of Intranet, brown bag lunches, and maintenance of gender resources library.
- Develop (and pilot test) gender guidelines for policy analysis in collaboration with interested POLICY country offices, and disseminate the guidelines within and beyond POLICY; these guidelines will also be integrated into the Policy Analysis Guide under development by IR1 in FY03..
- Build capacity of POLICY staff around gender.
 - Provide training on gender using adapted IGWG modules and newly developed policy analysis tools at the regional POLICY meetings, and
 - Strengthen gender leaders in the field through other targeted capacity-building activities, to be developed in conjunction with IR4.
- Develop internal POLICY expertise and produce innovative policy research, analysis, and development on key identified focus areas: safe motherhood; male involvement; and gender-based violence (GBV). Each focus area will be anchored by a specific activity (the safe motherhood core package in Peru; the country program work on male involvement by PEAK Fellow Lute Kazembe; and a proposed GBV study in Haiti). Each activity will be accompanied by a synthesis of literature on key gender issues related to the topic, with a focus on policy implications; the identification of which key issues will be addressed and furthered by each activity; and documentation of the process and findings from each activity related to these key gender issues. Materials related to each topic area as well as results from projects will be disseminated to POLICY staff and, where possible, to a broader audience as well.
- Implement Jamaica gender and dual protection study (matched with IR3 funds), with already earmarked funds carried over from FY02.

- Respond to ongoing requests for TA from the field, including preparing materials and advising country teams on projects.
- Evaluate the impact of our efforts at the end of the year.

Expected achievements for Year 3:

- Increased information sharing about gender issues and activities among POLICY staff.
- Strengthened capacity of POLICY staff and partners to understand and integrate gender analysis into policy analysis, advocacy, and development.
- POLICY technical expertise developed related to specific gender focus areas (male involvement, safe motherhood, and GBV).
- Completion of deliverables/outputs.
 - Expanded Intranet gender page and listserv.
 - Four to six brown bag lunches.
 - Gender guidelines for policy analysis.
 - Guidelines for analyzing and developing policies from a gender perspective.
 - One or two technical briefing sheets on key gender issues and policy implications for this year's selected areas of focus (male involvement, safe motherhood, GBV).
 - One-day gender training workshops held in each region through POLICY regional meetings
 - Jamaica dual protection study implemented, completed, and results analyzed.
 - Gender integrated into safe motherhood core package, and into a selected country workplan via the PEAK fellow's male involvement work.

c. Human Rights Working Group (HRWG)

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to reproductive health and to promote a rights-based approach throughout core and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions, and laws, components of a rights-based approach include advocacy and activism; information services; participation; capacity development; alliance building; community mobilization; and collaboration and coordination. The objective of HRWG is to achieve an increasing number of core and field results that incorporate a rights-based approach. The strategy is to support application of a human rights approach by: (1) increasing knowledge of human rights by staff and counterparts; (2) increasing staff and counterpart collaboration and coordination of human rights activities; and (3) promoting human rights applications in POLICY countries.

POLICY's human rights work will be aimed at raising the profile of FP/RH as a basic human right, focusing especially on the legal status of women and how improvements in that status can advance access to high-quality reproductive health services.

Planned activities for Year 3 include:

- Increase knowledge of human rights by staff and counterparts.
 - Conduct human rights and human rights tools training (one in each region).
 - Conduct four HRWG meetings (one in each region) in concert with human rights training.
 - Convene three Washington-based brown bag lunches on FP/RH themes.
 - Prepare two country briefs reporting on application of human rights approaches in POLICY countries.

- Increase staff and counterpart collaboration, coordination of human rights activities.
 - Collaborate with country and regional civil society organizations (CSOs) dealing with human rights.
 - Collaborate with human rights advocacy organizations (Lawyer’s Collective, Physician for Human Rights, etc.) in preparation of materials for regional training activities.
 - Inaugurate a POLICY human rights working group internship program.
- Promote human rights applications in POLICY countries.
 - For POLICY/Guatemala, support human rights component of academic ‘diplomado.’
 - Leverage participation in country-funded human rights for HRWG objectives in Egypt, Guatemala, Tanzania, and Ukraine.
 - Prepare RH Legislation Score tool and apply it in several countries.
 - Develop model reproductive health legislation incorporating human rights considerations.

Expected achievements for Year 3:

- Create a balanced and comprehensive approach to human rights with primary focus on application of a rights-based approach at the country level.

6. POLICY Core Packages (FP/RH)

a. Approach

Since the majority of POLICY’s work is field-based, significant gains in efficiency and effectiveness in accomplishing USAID’s global objectives can be realized through direct application of core funds to field-based packages. A POLICY package is a combination of technical and financial resources that is usually applied at the country level with the aim of advancing technical knowledge, demonstrating or testing new or innovative approaches, and providing additional resources to address a critical global policy issue that a Mission might not otherwise fund.

A package typically includes a mix of U.S.-based staff, country staff, consultants, and collaborating institutions as well as direct financing of specific activities such as studies and workshops. The contents of a POLICY package depend on the issues and opportunities offered in a particular country and USAID’s global objective in the policy area. However, the main focus of the “packages” is on POLICY IR1 and IR2—advocacy and planning and finance—and their synergies, and on the underlying crosscutting issues of gender, human rights, and adolescents. In addition, core funds for maternal health and from the HIV/AIDS Office are applied to core packages. Currently, the two technical areas for HIV/AIDS core package funding are policies affecting stigma and discrimination, and financing.

POLICY Directors, consisting of senior program managers, are responsible for designing and implementing the packages. Once the package is designed, the Country Manager, supported closely by the Regional Manager, is responsible for implementing the activities at the country level and monitoring progress with periodic oversight from the project’s Management Group. At the beginning of Year 3, POLICY had eight core packages approved in Romania, Ukraine, Nigeria, Guatemala, Jamaica, Mexico, South Africa, and Peru. We also received approval for a core package to develop and pilot test the RH-GOALS Model and are awaiting approval for a package in Kenya. Plans are underway to design and implement FP/RH core packages in up to four additional countries in Year 3.

In this section, we provide an update and description of planned Year 3 activities for current core packages supported by population funds. We also provide our initial thinking on new packages to be developed during the coming year. Similar information on maternal health (Peru) and HIV/AIDS (Mexico and South Africa) core packages appears in their corresponding sections of the workplan.

b. Ongoing FP/RH Core Packages

Romania Core Package. Initiated in early March 2001, this package is assisting Romanian stakeholders, particularly the Ministry of Health and Family (MOHF) and advocacy networks, to identify and eliminate operational constraints to the implementation of recently approved national contraceptive policies. These policies aim to allocate government resources for contraceptive procurement, channel free contraceptives to disadvantaged segments of the population, and ensure government-subsidized supplies in rural areas.

POLICY staff has been working closely with Romanian counterparts in government and NGOs to undertake policy research, policy dialogue, network development, and advocacy to attain the package objective. Key barriers to contraceptive security and recommendations for policy action were identified. The government response focused mainly on increased resources. Achieved results include an increased budget line item for contraceptives for distribution to disadvantaged sectors and health insurance coverage of contraceptive commodities. Advocacy networks undertook advocacy campaigns to address related issues identified during policy dialogue, including NGO access to government funds to enable them to be actively involved in the government's FP/RH efforts, including contraceptive security.

In the final months of the core package (January–August 2002), activities have focused on monitoring government action after the October 2001 multisectoral forum and on training and assisting three *judet* advocacy networks prepare for advocacy campaigns on related key issues. The government and the MOHF still need to act on several policy recommendations from the forum and the policy research. Without further funding, POLICY will terminate project activities in August and close its Bucharest office.

Ukraine Core Package. The Ukraine core package is designed to help implement the National Reproductive Health Program (NRHP) 2001–2005 by eliminating operational policy barriers and strengthening the government's capacity to set reproductive health program priorities and more effectively allocate resources at the local level. The first component of the package is collecting and analyzing data on specific barriers impeding the efficiency with which reproductive health services are delivered in two typical Ukrainian cities: Kamianets-Podilsky and Svitlovodsk. The second component involves introducing and applying an adaptation of the Columbia Framework model for priority setting in Kamianets-Podilsky. The main objectives of this component of the package are to determine program priorities based on relevant information, build local capacity to use the priorities to develop a reproductive health implementation plan, and allocate local resources to fund priorities. The priority-setting exercise requires relevant information to inform decision making; cost information for each reproductive health intervention is a key component. POLICY is currently conducting a costing study in conjunction with local subcontractors and consultants.

Efficiency Component. POLICY and a local subcontractor, MEDMA, have designed a study protocol, developed data collection instruments, and planned for data analysis. MEDMA conducted the fieldwork and processed the data from December 2001 to June 2002. Activities planned for Year 3 include the following:

- Analyze results of studies on the inefficient use of resources in reproductive health care.
- Develop final report and recommendations on removing inefficiencies in the reproductive health care system.
- Present findings to the Policy Development Group (PDG) for its use in developing recommendations to the Cabinet of Ministers to remove these specific operational policy barriers.

Priority-setting Component. POLICY conducted an introductory workshop on priority setting in Kamianets-Podilsky in November 2001. POLICY, MEDMA, and a local consultant are conducting a

costing analysis of priority reproductive health interventions. In the last few months, POLICY helped to develop and pretest expert focus group instruments for data collection and prepared spreadsheets for data processing and analysis. MEDMA and the local consultant have recently completed data collection and are currently processing the data. Planned activities for Year 3 include the following:

- Finish compiling and analyzing data for the briefing book and pretest the booklet.
- Conduct the priority-setting workshop using the finalized briefing book.
- Use the outcomes of priority-setting workshop to develop a city reproductive health plan.

Nigeria Core Package. This package will use the full range of POLICY tools and strategies in a single state that will result in the Edo state government approving a young adult reproductive health (YARH) strategic plan and increased funding for YARH programs in the state. The strategy will outline interventions that target specific YARH problems and subpopulations, have resource requirements and a detailed budget, and include a monitoring evaluation plan that will guide progress. In the course of establishing the plan, a youth advocacy network will be formed to participate in the development of the plan, garner political and budgetary support for the strategy, and continue support for other YARH issues.

In September 2001, POLICY assessed the potential of working in several states and with various NGO collaborators before deciding to work in Edo State with the Women's Health and Action Research Center (WHARC). In January 2002, WHARC and POLICY launched the project with a stakeholders meeting and an initial meeting of members of the YARH NGO network for Edo State. Between January and April, the design of the situation analysis took place and fieldwork commenced in May, with data collection completed at the end of June. An NGO network-building skills workshop occurred in June 2002.

In Year 3, from July to October 2002, the data from the various components of the situation analysis will be analyzed and the *NewGen* model application for Edo State will be developed. These analyses will result in a presentation and a report highlighting the key YARH indicators in Edo, which will also form the information base for the subsequent development of the YARH strategic plan in November and December 2002. Advocacy training for the YARH network will also take place during this period. During January and February 2003, stakeholder review of the strategic plan will occur, followed by an advocacy campaign aimed at securing the adoption of the plan by the governor, including a financial commitment.

Guatemala Core Package. This package will expand the effort to reduce barriers to family planning services by developing and putting in place improved operational policies. The core package is designed to permit a more in depth analysis of the underlying *policy* causes of the barriers that are identified and of other policies that could undermine corrective measures; and help formulate operational policies and contribute to the processes for removing these barriers. The strategy consists primarily of analyzing the legal and policy framework that affects the delivery of family planning services, conducting interviews with key informants to obtain additional information, and preparing proposed operational policy changes linked to barriers.

Thus far, POLICY has conducted a workshop to present the objectives and strategies of the core package to our partners and obtain their input. A report is also being prepared to illuminate the operational policies affecting Guatemala's family planning services and analyze the legal and policy framework for family planning. A June 2002 workshop expanded counterparts' understanding of the concept of "operational policies" and presented the report on the legal framework on family planning. A second consultant has been hired to assist in the development of the methodology and instruments for further data collection and analysis.

Activities planned for Year 3 include the following:

- Conduct interviews with key informants to obtain information on operational policy issues not addressed or not fully explored in the study and prepare a preliminary report on findings and conclusions.
- Collect additional data through secondary analysis of the Medical Barriers Study and the DHS and a review of relevant studies and documents.
- Expand the analysis of the legal and policy framework to include institutional policies in the public sector that affect service delivery.
- Convene local partners to share the results of the interviews, data analysis, and the legal and regulatory report and seek participation in drawing final conclusions.
- Prepare a proposal in collaboration with local partners that links the medical and institutional barriers with changes in operational policies.
- Design policy dialogue and advocacy activities to support proposed changes.

Jamaica Core Package. The Jamaica core package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration in FP/MCH and STI/HIV/AIDS services. POLICY activities will include studies of selected service delivery activities identified in the MOH's 2000-2005 *Strategic Framework for Reproductive Health*. Following the analysis, POLICY will help develop a plan that addresses operational policy barriers that may impede integration at a parish level. POLICY will conduct a regional workshop (with national representation) to identify potential models of integration for the parish of Portland and the urban area of St. Ann's Bay in St. Ann Parish. The experience gleaned from the parish level will be used to guide integration approaches for other parishes and will be useful to donors and program managers in other countries as they make decisions on integration of reproductive health services.

Activities planned for Year 3 include the following:

- Conduct regional workshop on integration and identify operational policy barriers.
- Document current service delivery structure for FP/MCH and STI/HIV/AIDS in Portland and St. Ann's Bay.
- Conduct parish-level meetings in Portland and St. Ann's Bay to complete strategic plan for potential integration of services that defines scope and service levels of integration to form the basis of operational policy studies.
- Identify and train policy champions to advocate for integration of services as defined by the region.
- Implement operational policy studies that review cost effectiveness of integration alternatives and client and provider reactions to alternatives, and assess operational barriers.

Resource Allocation Model for Reproductive Health. Approved at the end of Year 2, the purpose of this core package is to develop an Expanded GOALS Model for Reproductive Health to help countries develop comprehensive reproductive health action plans (RHAP) and to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the components of reproductive health programs. Once the model is complete it will be applied in two countries, possibly in India and Jordan, to assess its applicability in actual field settings. The model's application will provide opportunities for multisectoral involvement in planning and finance, policy dialogue, and the use of advocacy skills to disseminate the results.

c. Proposed New FP/RH Core Packages

Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations in Kenya. The overarching goal of this core-funded package is to improve financial access to family planning services for the poor and other underserved groups. The package seeks to achieve the following three objectives:

- Enhance access to family planning services among the poor and underserved by ensuring that waivers and exemptions are appropriately applied to those who need them.
- Ensure that those revenues generated from family planning-related fees are retained and used to improve the quality of FP/RH services.
- Generate additional revenues to move the public sector toward eventual financial sustainability in the delivery of family planning services, including especially the management and logistics systems.

This package will apply elements of the POLICY Project’s framework for reforming operational policies through a participatory process to address access issues for poor/underserved populations in Kenya. We will focus on the following two operational policy areas:

- Fees, waivers, and exemptions for family planning services, and
- Targeting of services (e.g., targeted to low-income households and other priority groups).

If successfully implemented, the core package will strengthen the development and implementation of family planning operational policies/guidelines and will improve provision and access to family planning services, especially for the poor and vulnerable. The development of clear, transparent, and equitable fee, waiver, and exemption guidelines will provide the poor and other vulnerable groups with much better access to quality family planning services in hospitals and other facilities in the four districts where core package activities will be implemented, while at the same time protecting them against the adverse impacts of cost sharing for family planning and other health services. Through the development of a more responsive pro-poor fee structure, the poor and vulnerable will also have improved access to family planning services at higher levels of the health care system. This will also improve the efficiency and effectiveness of the referral system/structure with respect to FP/RH.

Malawi: Removing Key Operational Policy Barriers That Limit Access to Family Planning. The best national and ministerial strategies and plans are not effective unless there is a positive operational policy environment to ensure the implementation of the larger goals and objectives. In fact, a poor operational policy environment can have an effect unintended by national policies and actually restrict access to services at the delivery point. The poor operational policies are all too obvious in the health system, which manifests the symptoms almost everywhere: lack of supplies, lack of personnel, misallocation of existing personnel, medical barriers, poor maintenance, lack of transportation, poor logistics, and so forth. One example is the fact that doctors trained at Malawian government expense are not required to remain in public service (apparently). Last year, only one of the 20 new doctors graduated in Malawi took up service with the government. A good example of a medical barrier in Malawi is the fact that HSAs (basic health workers) are not authorized to give injections of Depo-Provera even though they routinely give a number of other more complicated injections, such as immunizations.

Focusing on access to family planning services, this core package will examine the key operational policies that may act as barriers to service provision. For 3–4 operational policies, the core package would develop a plan for reform, including gathering and presenting state-of-the-art information, international protocols and norms, and local experience; estimate the positive impacts of reforming the operational policies in terms of increased access; develop and implement a modest advocacy plan to stimulate/assist the MOH to change the policies; and assess the impacts one year after the policy change.

The Mission is delighted with this potential activity because it will provide them with results central to its country program. And we are supportive because this proposed package can help Malawi and provide examples and lesson learned for many of the countries in the region that suffer from the same operational policy barriers.

Addressing the Reproductive Health Needs of PLWHAs in Malawi. Malawi's Global Fund application suggests that 24 percent of women of reproductive age have HIV/AIDS. Being HIV-positive or having AIDS does not preclude the continued need for family planning services; in fact, it may make family planning services more important for this group because of issues of dual protection, continued high fertility, the manner and messages of service delivery, operational policies that may affect access, and not least development in general. Questions to be addressed include the following: Can women who are known to be HIV-positive easily obtain family planning services if the MOH is known to discriminate against them in treatment? What policies govern these interactions? Are new operational policies needed to ensure continued access to high-quality family planning services for these vulnerable groups (including men)?

This package would examine the operational policy environment around PLWHA and HIV-positive women and men, identify operational policies that may limit access to family planning services by these groups, use information to advocate with donors, the MOH, and the National AIDS Commission for special attention to their FP/RH needs.

India: Developing a model for effective public-private partnership in RH/HIV/AIDS services. Effective public-private partnership is key to sustainable delivery of FP/RH/HIV/AIDS services in a resource scarce environment. India is experimenting with different models of public partnerships. In the absence of adequate information and analyses, it is difficult to assess the effectiveness and replicability of these models. This package proposes to analyze the impact of these partnerships on RH and HIV/AIDS services, document the lessons learned, and develop a prototype model to help governments formulate a strategy to enhance the contribution of the private sector to reproductive health care.

Ethiopia: Improving Planning and Commodity Needs Analysis. Sustainability of reproductive health services and family planning commodities supply is essential in resource-poor settings. While Ethiopia is one of the poorest countries, there is considerable uptake of modern contraception, and a high level of unmet demand/need for modern contraception. Of late, Ethiopia has faced unreliable donor support and commitment for procurement of contraceptives. This package would analyze contraceptive procurement over the past five years using data from donors, NGOs, and the government, and make annual and five-year projections of commodities needs and infrastructure for the future. A core group of key stakeholders will be part of the analysis and led through a strategic planning process to identify commodity procurement needs, processes, and sources of funding. Infrastructure needs will be assessed and determined/projected and operational barriers identified and addressed. Donors and policy and decision makers at the national and regional levels will be targeted to generate support for the plan and elimination of identified operational barriers. The impact of such package interventions/activities would be monitored and documented. If approved, this package will be funded with Contraceptive Security funds and POLICY core funds.

B. Use of Safe Motherhood Core Funds

The POLICY Project seeks to assist countries in reducing maternal mortality by raising awareness, building political commitment, increasing resources, and improving the efficiency of maternal health

programs. POLICY's maternal health program contributes to USAID's SSO2 Results Framework as follows:

- IR2.2: *Improved policy environment for maternal health and nutrition programs*
- IR2.2.1: *Broadened public and private political commitment to maternal survival, including strategic planning for and resource allocation to maternal health and nutrition*

The project adopts a multisectoral approach to addressing the challenge of reducing maternal mortality and morbidity while focusing on three critical areas. These include improving the policy environment in which maternal health programs operate, improving efficient use of resources for maternal health, and strengthening advocacy for increasing resources.

POLICY uses tools like the Maternal and Neonatal Program Index (MNPI) to advocate for building support for maternal and neonatal health programs and evaluating progress in creating a favorable policy environment over time. Core resources are used to advance the development of approaches that can help stakeholders from various sectors to plan, set priorities, and implement effective programs. For instance, POLICY has developed the Safe Motherhood Model, which allows for multisectoral policy dialogue on interventions that can reduce maternal mortality. Identifying and reforming operational policy constraints that impede access to and use of maternal health services are additional ways that POLICY promotes improvements in health systems. Another focus of POLICY work has been to train stakeholders, such as midwives, in advocacy skills to make them more effective partners in policymaking and in mobilizing more resources for maternal health. POLICY helps the public sector, private sector, and the civil society work cohesively to advocate for developing policies and plans that increase use of maternal health services. Core resources help build the information base to inform policy decisions that respond to addressing the challenge of reducing maternal mortality.

Maternal health activities are carried out using resources from multiple sources: Office of Health, Infectious Diseases, and Nutrition (SSO2); Office of Population; Regional Bureaus (ANE and Africa); and field-support funds. Country-specific safe motherhood activities are described in the country pages later in the workplan. A summary budget for the use of core Safe Motherhood funds appears in the Appendix (Table A-2).

Summary of Year 2 accomplishments:

- *Saving Women's Lives: Midwives trained as advocates for maternal health programs initiate in-country efforts*

In December 2001, POLICY, MNH, and the International Confederation of Midwives (ICM) collaborated to provide advocacy training for 27 midwives from eight African countries at a five-day workshop held in Ghana. Country teams developed advocacy plans at the workshop. The Ugandan team has applied for a small grant to initiate policy dialogue on the impact of eliminating user fees on the quality of maternal health services. Some of the trained midwives participated in a panel discussion at ICM's 26th Triennial Conference in April 2002. POLICY will continue to follow up with the country teams and support advocacy initiatives in conjunction with ongoing POLICY activities.

- *Advocacy for maternal health: Efforts underway in POLICY countries*

POLICY staff and counterparts identified countries to initiate maternal health advocacy activities, including seminars on MNPI and application of the Safe Motherhood Model. Workshops were held in June and July 2002 in Ethiopia and Guatemala. POLICY anticipates future workshops in Ghana, Kenya, and Uganda.

- *Operational policy guidelines for safe motherhood programs in Ukraine*

For several years, POLICY has worked with a multisectoral group of policymakers called the PDG in Ukraine. Since January 2001, the PDG has prepared an MOH Order “On improving outpatient obstetric and gynecological care.” To develop this standard, the PDG used several resources that POLICY provided including the draft Safe Motherhood section of “What Works: A Policy and Program Guide to Effective Evidence-based Reproductive Health and STI/HIV/AIDS Interventions.” As a result of the evidence-based information that was included in the efficacy guide, the group decided to reduce the number of recommended antenatal visits from 19 to 13. In addition, the group decided to reduce the number of ultrasounds required from three to two. These changes in the MOH Order can have a profound effect on clinical practice and resource utilization in Ukraine.

- *Postabortion care (PAC) in Francophone Africa*

In Francophone Africa, POLICY conducted two case studies on the status of postabortion care in Guinea and Burkina Faso and co-organized the regional PAC conference in Senegal in March 2002. In collaboration with other CAs, POLICY proposes to follow up with country teams to assess implementation of PAC activities.

- *Resources for maternal health planning and advocacy*

- POLICY developed the Safe Motherhood Model, which was reviewed by USAID and external experts. The model is based on the MNPI questionnaire and is designed to help answer the question: Which interventions, alone or in combination, work to reduce maternal mortality?
- In collaboration with MNH/JHPIEGO, POLICY developed a Maternal Health supplement to POLICY’s Advocacy Training Manual, which was pilot tested in the midwives advocacy training in Africa.
- The Safe Motherhood chapter to “What Works: A Policy and Program Guide to Effective Evidence-based Reproductive Health and STI/HIV/AIDS Interventions” prepared in 2002 is now being reviewed by external reviewers (see IR3).
- POLICY prepared and printed MNPI briefs for 34 countries. The MNPI briefs were distributed at various conferences including the PAC Conference for Francophone Africa.
- In 2001, POLICY staff conducted the MNPI in Turkey, Ukraine, and Romania.

1. Non-package Core-funded Activities (MH)

- *Applying the Safe Motherhood Model in Guatemala, Ghana, and Ethiopia*

The Safe Motherhood Model is designed to stimulate policy dialogue to plan effective maternal health programs and is intended to improve planning decisions (with some focus on the large benefits of birth spacing, access to family planning, and other key reproductive health interventions). POLICY will apply the recently developed and approved Safe Motherhood Model in Guatemala, Ghana, and Ethiopia.

- *Bring the Safe Motherhood Model into the SPECTRUM Suite of Models (also see IR3)*

The model currently exists in Excel spreadsheet form, and it needs to be brought into the SPECTRUM windows-based system to make it more user-friendly. This would include development of a User’s Manual to accompany the model. In addition, the model will be expanded to estimate resources

needed to reduce maternal mortality. Using existing cost information, the model will allow users to estimate the costs of their chosen program strategy.

- *Conduct a new round of the Maternal and Neonatal Program Index (MNPI)*

The MNPI is a tool used to evaluate policy and program effort. In addition, it is the basis of the Safe Motherhood Model. The last MNPI analysis was conducted in 1999 for 49 countries. POLICY will conduct a new round of MNPI ensuring that all POLICY countries are included.

- *Disseminate Maternal and Neonatal Program Index (MNPI) briefs*

The MNPI briefs are a resource for advocates to pursue efforts at raising awareness and resources for maternal health programs. POLICY will introduce the briefs to local counterparts through advocacy seminars in five countries.

- *Conduct advocacy training for midwives in ANE and LAC regions—a joint activity by POLICY, MNH, and the ICM*

The goal of this effort is to develop and strengthen midwifery leaders who can play an active role in policy development and advocate for an increased level of commitment and resources for the reduction of maternal mortality and morbidity and neonatal mortality in their respective countries. POLICY will train midwives at regional workshops in Asia (July 2002) and Latin America (under discussion). In Asia, project implementation will be co-funded with ANE Bureau funds. POLICY will follow up with country teams and support their advocacy efforts through the small grant mechanism.

- *Analyze user fee mechanisms and exemptions for maternal health services (in collaboration with IR3)*

Little is known about how well exemption mechanisms work in the area of maternal health care, but it is important to know whether exemption mechanisms alone hold promise of protecting access by the poor, or whether they need to be supplemented with other strategies. The objective of this activity is to survey fee exemption mechanisms and to assess the degree to which they function as intended. This 10-country survey will document the costs to consumers of maternal health services, including formal fees, informal fees, and other costs associated with receiving care. Fee exemption policies and mechanisms will then be documented and information will be collected to establish how well they work.

- *Support PAC policy activities*

POLICY will continue to work with other partners in the Francophone Africa region to support PAC policy activities that emerged following the regional PAC conference in February 2002 that POLICY supported along with other CAs.

- *Support USAID's SSO2 Safe Motherhood team*

POLICY will be responsive to the needs of USAID's Safe Motherhood team. In some instances, this may include participating in a technical seminar series that is sponsored by the team. In other instances, it may involve presenting policy issues at regional or global conferences that are focused on maternal health.

Expected Year 3 achievements:

- POLICY staff, USAID Missions, and counterparts are better informed about maternal health issues through the use of MNPI fact sheets and dissemination seminars.
- Barriers to reducing maternal mortality and morbidity analyzed and addressed by removing operational constraints to use of maternal health services.
- Policy dialogue generated to plan and implement effective safe motherhood programs through the application of the Safe Motherhood Model.
- Midwives actively participate in decisions affecting policies related to maternal and neonatal health and advocate for better programs in their respective countries.

2. POLICY Core Packages (MH)

Peru Core Package. Approved at the end of Year 2, the Peru core package is intended to help develop and put in place solutions to reduce operational policy barriers that impede client access to use of services essential to reducing maternal mortality and ensuring safe motherhood in low-income areas. Barriers may exist at the household, community, or service delivery levels. Although this package may identify the barriers at the household and community levels, the focus will be to address operational barriers at the service delivery level. This package proposes to identify and study such policies and address, *through policy change*, operational policies that are at the root of these barriers. Specifically, the package will:

- Permit an in-depth analysis of the underlying *policy* causes of existing access barriers that are identified;
- Improve understanding of the differences in utilization of prenatal and delivery care services; and
- Help formulate new and/or revised operational policies to remove these barriers.

Proposed Core Package for Ghana: Improving operational policies to expand the role of midwives in lowering maternal mortality. This core package would assist the MOH in partnership with the Ghana Registered Midwives Association to adopt operational policies favoring an expanded role for midwives in providing essential maternal health services including pre- and postnatal care, delivery care, postabortion care, and family planning. Weaknesses in these services are at the root of Ghana's inability to make an impact on high maternal mortality rates in recent years, the reduction in which is among the highest priorities in the Ministry's new five-year health plan. The approach will entail an analysis of barriers to a greater role for midwives in providing these services and tracing them to their underlying policy causes. Analysis would include a review of user fees, the ministry's position on the use of traditional birth attendants, pre-service and in-service training, job descriptions and deployment of midwives, and the logistics management of needed materials and supplies. Activities would include review of existing studies and data sources such as the DHS, interviews with providers, and focus group sessions with clients. Outcomes would include improvements in understanding the role of and constraints faced by midwives and revision of operational policies that constrain midwives from contributing more to the improvement of women's lives in Ghana.

C. Use of SSO4 (HIV/AIDS) Core Funds

Since POLICY began in July 2000, the project's HIV/AIDS portfolio has expanded dramatically—both in terms of countries where activities are carried out and in the range of policy interventions that fall within the project's scope. The project is currently working on HIV/AIDS activities in 16 countries and in the West Africa and Southern Africa regions, and carries out programs for both the Africa Bureau and ANE Bureau in HIV/AIDS.

POLICY addresses many areas highlighted by USAID in *Leading the Way: USAID Responds to HIV/AIDS*. POLICY has incorporated stigma reduction through two groundbreaking stigma and discrimination core packages. POLICY has promoted human rights through legal assessments conducted in Tanzania and Peru and through involvement of PLWHA not only among POLICY's staff and consultants but also via the project's work with the Global Network of People Living with AIDS (GNP+). POLICY's work with faith and community leaders and with decision makers and politicians around policy issues as diverse as resource allocation and policy issues facing orphans and vulnerable children (OVCs), shows its commitment to policy dialogue and advocacy, another aspect of the USAID strategy. Multisectoral engagement, another strategic focus area, is the cornerstone of POLICY's HIV/AIDS approach and reflects not only the diversity of the many groups engaged in policy-related work, but is also an approach actively supported in all interventions. The HIV/AIDS policy assessment recently conducted in Nepal reflects both the views of multisectoral parties and the policy implications of this approach. POLICY's approach to human and institutional capacity development can be seen in the large number of local staff who are the lasting legacy of all developmental support. During the past year, the number of local staff has increased to meet the demands made on the project.

In response to the changing environment of the HIV/AIDS epidemic, POLICY has also developed core packages to develop and stimulate cutting-edge policy activities in the field. POLICY IR1 (HIV/AIDS) will continue its support of core packages on stigma and discrimination indicators in Mexico and South Africa; while additional core package ideas will be explored in the coming year related to care and support.

HIV/AIDS activities are carried out using resources from multiple sources: the Office of HIV/AIDS, Africa regional funds, and ANE Bureau. Core-funded HIV/AIDS activities are described in sections 1–6 below. A summary budget for the use of HIV/AIDS core funds appears in the Appendix (Table A-3). The use of regional HIV/AIDS funds is described Section IV. Country-specific HIV/AIDS activities carried out with field-support funds are described in the country pages later in the workplan.

1. IR1: Political and Popular Support Strengthened (HIV/AIDS)

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels. By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society leaders in a number of strategic areas and with key target groups along the continuum of care. A special emphasis during this period will be placed on the sexual and reproductive health rights of HIV-positive women. This focus area reflects one of the strategic integration areas for FP/RH and HIV/AIDS advocacy issues for the project.

Technical issues and concerns that will receive increased IR1 attention relate to stigma and discrimination, the implementation of the Greater Involvement of PLWHA (GIPA) principle, resource allocation, and OVCs. In particular, attention will be given to strengthening policy responses by global PLWHA leaders, meeting the UNGASS policy requirements, and fostering increased multisectoral policy engagement. IR1 (HIV/AIDS) will continue to expand the repertoire of technical and training materials for HIV/AIDS advocacy, and support materials development and implementation of advocacy activities aimed at addressing the issues listed above.

In support of building political and popular support for HIV/AIDS issues and concerns, Year 3 objectives are as follows:

- Strengthen the strategic advocacy skills of all project staff and partners in areas of issue-based advocacy and networking with relation to HIV/AIDS and synergistic FP/RH issues. Specific attention will be paid to PLWHA, community- and faith-based organizations, development NGOs, AIDS councils, and key government sector responses.
- Provide TA to country programs to integrate and implement issue-based advocacy and multisectoral networking activities.
- Strengthen and expand current HIV/AIDS advocacy issues in relation to human rights, gender, and youth.
- Expand and strengthen the development focus and involvement of HIV/AIDS policy champions.
- Identify and strengthen the advocacy skills of policy champions from key sectors.
- Foster and support opportunities to create and/or strengthen public-private partnerships.
- Reduce stigma and discrimination through core packages currently being carried out in South Africa and Mexico.
- Promote human rights by integrating human rights and gender principles in all policy work through continuing to support the Human Rights Working Group, and through the Gender Working Group's task force on HIV/AIDS.
- Increase involvement of global PLWHA leaders through research on GIPA and support of GNP+.
- Carry out policy dialogue and advocacy through continued work with men having sex with men (MSM), focusing on HIV/AIDS and health issues facing this vulnerable group in the LAC region and possibly in the ANE region.
- Continue and expand policy dialogue through advocacy focused on specific issues with community- and faith-based organizations, PLWHA groups, and care networks.
- Support the implementation of select CORE Initiative advocacy and policy activities.

Summary of Year 2 accomplishments:

POLICY's ability to build broad-based, multisectoral HIV/AIDS programs is evident in the many opportunities the project has had over the past year. At the 10th International Conference for People Living with HIV/AIDS, POLICY spearheaded the stigma and discrimination track of the global advocacy agenda by increasing understanding of internal stigma and the role that national PLWHA associations can play in addressing this issue. POLICY staff has worked to strengthen the project's capacity to be more effective in the human rights HIV/AIDS policy arena. ZAMCOM, the Zambia Institute of Mass Communication, through the support of POLICY, continued its media campaign on the employment rights of PLWHA. Also in the past year, POLICY worked with UNAIDS and the U.S. Census Bureau to prepare estimates on the number of people infected with HIV/AIDS worldwide.

One of the largest activities under IR1 (HIV/AIDS) has been the CORE Initiative. The CORE Initiative, Communities Responding to the Epidemic, targets technical and financial assistance to community- and faith-based organizations addressing HIV/AIDS and mitigating the impacts of the epidemic at the local level. Over the past year, the POLICY Project has implemented conferences and workshops, empowerment grants, demonstration projects, and the Online Resource Center (www.coreinitiative.org). As part of this initiative, the First International Muslim Leader's Consultation on HIV/AIDS brought together 86 members of the Muslim community from 20 countries. Participants developed a "way forward" strategy document that linked religious teachings to a positive response to HIV/AIDS. The empowerment grants program received more than 820 applications from more than 70 countries. The selection committee awarded 45 faith- and community- based organizations from 29 countries over \$200,000 in empowerment grants. A demonstration project, the Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa, brought together African women

theologians from 16 countries and 22 faiths for theological and ethical discussion on their individual and faith communities' roles in the response to the HIV/AIDS epidemic. The Online Resource Center includes a variety of resources such as a newsletter, a database of faith-based organizations in Africa, strategy papers, networking tools, and up-to-date news.

Because the new procurement for the CORE Initiative will be awarded by the end of the year, POLICY's current involvement with the initiative is scheduled to end December 2002. The only work the project will continue after this date involves the Church of the Province of Southern Africa (CSPA) because of its close working relationship with POLICY/South Africa's local staff. It is proposed that future funding for this specific activity will be provided by the Office of HIV/AIDS; it will not necessarily be a part of the new procurement. In anticipation of the transition, POLICY is not undertaking new CORE initiative activities; rather, the project will continue to strengthen existing activities over the next six months. For example, the Online Resource Center is continuously updated, and POLICY continues work in focus areas that include CPSA, the Organization of African Independent Churches (OAIC), and the Concerned Circle of Women Theologians, Yale Divinity School. The project is also providing TA to selected conferences for CORE advancement, including the U.S. Conference on AIDS in September and the meeting of the American Academy of Religion in November. POLICY will write a summary report of activities to date, which will be distributed to the HIV/AIDS Office.

In Year 3, IR1 (HIV/AIDS) core funds will be used for:

ASICAL

POLICY will continue support to ASICAL for the application of advocacy activities undertaken by ASICAL-funded NGOs and other organizations in relation to the HIV prevention activities and issues focused on MSM. The monitoring and evaluation of ASICAL activities will identify cutting-edge advocacy initiatives and their potential for global application. It is anticipated POLICY will replicate the ASICAL experience in other regions by recording and transferring lessons learned from the ASICAL project in POLICY's LAC region; supporting peer-to-peer TA from ASICAL to POLICY regional activities; disseminating a manual describing successful approaches; and conducting TOT activities.

Human Rights Support

POLICY will expand and strengthen activities to provide support on human rights to core activities by supporting human rights personnel on POLICY staff; fulfilling ad hoc requests from USAID, CAs, and POLICY staff; carrying out educational and TA activities; and contributing human rights leadership in USAID interagency working groups (e.g., co-chair the stigma and discrimination working group.) One of the goals of human rights support during this period is to monitor and evaluate selected POLICY human rights activities.

HIV/AIDS Issue-based Policy Advocacy Modules

In further support of cross-country dissemination of new and innovative policy advocacy approaches, POLICY will support the development of issue-based policy advocacy modules. These modules will address three key issues: involving PLWHA in policy advocacy, faith- and community-based advocacy, and advocacy around access to treatment and care issues. POLICY will draw on its work with the GIPA principle to detail approaches to involving PLWHA in the policy arena. The module on faith and community approaches to policy advocacy will cross-reference with the technical experiences of the CORE Initiative. The issue of access to comprehensive care and support is an area of increasing concern for USAID and POLICY will, for example, refer to MTCT advocacy efforts such as those conducted by the Treatment Action Campaign in Southern Africa. These modules will also cross-reference with POLICY's Advocacy Training Manual and its theoretical approaches.

People Living with HIV/AIDS

One of the key recommendations from the UNGASS Declaration (July 2001) is the meaningful and proactive involvement of PLWHA in all aspects of policy formulation and implementation. USAID has a long history of supporting PLWHA organizations and associations. POLICY will support GNP+ in strategic planning and policy management processes in order to ensure the active engagement of PLWHA through the regional structures of GNP+ (e.g., NAP+, APN+, etc.).

CORE Initiative

Because of POLICY's current interaction with community and faith-based groups, continued support for discrete and ongoing CORE Initiative activities will include:

- The Addis Ababa meeting in August 2002 of the Circle of African Women Concerned, an outgrowth of the Women's Initiative work and a meeting at Yale Divinity School
- The demonstration project with the Church of the Province of Southern Africa
- The demonstration project with the OAIC
- The OAIC/National Black Evangelical Association (NBEA)/World Relief partnership
- The XIVth International AIDS Conference in Barcelona
- The Muslim emphasis work, including preplanning for a 2003 Malaysia consultation

Ad hoc Requests

While it is important to ensure that policy-focused activities meet the demands of USAID, the POLICY Project, and our partners, experience has indicated that unforeseen activities do arise. In order to remain both responsive and proactive, it is essential that these unplanned policy activities be accommodated (as far as possible) within the dictates of our collective goals. The resources available for this activity will enable the project to respond to ad hoc requests on HIV/AIDS policy issues from partners and members of the IWG.

Potential linkages to Year 3 field-support activities:

IR1 (HIV/AIDS) will work closely with country and regional managers and local partners to design and conduct specific issue-based advocacy campaigns pertaining to the strategic focus areas and strengths of the project. Country work will focus on issues such as stigma and discrimination, care and support (including prevention of mother-to-child transmission and use of antiretrovirals); and strengthening the advocacy responses of faith and community organizations. In particular, policy emphasis will be on strengthening multisectoral government responses from national government departments and AIDS councils, but also from civil society groups with an emphasis on vulnerable populations (such as MSM, commercial sex workers (CSW), and injecting drug users (IDUs), and PLWHA) and development organizations. POLICY will also implement and monitor the GIPA principle in its IR1 advocacy program activities. IR1 (HIV/AIDS) will provide TA for developing and implementing advocacy strategies, train a cadre of policy champions across a variety of sectors, and backstop local advocacy staff. In light of the many Global Fund applications from POLICY countries and UNGASS target date commitments, POLICY will also foster collaborative public-private partnerships.

Expected achievements for Year 3:

- Strengthened public-private partnerships. This will include developing collective and successful Global AIDS Fund applications, addressing access to treatment policy issues, and increasing government and private sector resources dedicated to programs identified through the GOALS model application.

- HIV/AIDS advocacy networks expanded to include non-health organizations.
- Project staff and stakeholder skills in topical HIV/AIDS advocacy issues enhanced.
- Forum discussions held on advocacy issues including resource allocation, stigma and discrimination, GIPA implementation, and evaluation.
- Advocacy materials/manual on MSM advocacy issues in LAC developed and lessons for other regions distilled.
- OVC policy gaps paper published and operational plan for addressing issues in selected countries in Africa implemented.
- Strengthened global understanding of the central role of stigma and discrimination in all prevention and care policies and programs.
- HIV/AIDS Advocacy manual produced on issues related to community and faith-based organizations, PLWHA, and AIDS Councils.
- Analysis completed of the global role of PLWHA in the policy environment, including focus on GIPA and the UNGASS commitments.
- Core packages developed and implemented in two countries.
- Select CORE Initiative activities completed:
 - Strengthened response by the Anglican Church of the province of South Africa.
 - Faith and community responses highlighted at the XIVth International AIDS Conference.
 - Muslim Leaders' Consultation expanded.
- IR1 (HIV/AIDS) Director position filled.

2. IR2: Planning and Finance Improved (HIV/AIDS)

The strategy for IR2 HIV/AIDS activities is to both increase HIV/AIDS resources and to ensure that available resources are spent in a cost-effective manner. This is being achieved by working directly with multisectoral groups of stakeholders in developing countries to develop relevant information (e.g., describing the epidemic and ways to mitigate it) and analyze it in such a way as to focus resources on activities that will achieve the greatest impact. IR2 also works with multisectoral organizations to ensure that their strategic planning is conducted in such a manner as to create the greatest impact with available resources.

IR2 will work closely with IR1 to use advocacy to support efficient and focused financing choices, with IR3 to ensure that sound research and accurate data guide planning and financing decisions, and with IR4 to improve country and regional capacity in the areas of planning and finance. We will use this experience to focus attention on three main priority areas: resource allocation and mobilization, economic impact and mitigation, and policy evaluation and projections.

Summary of Year 2 achievements:

Year 2 saw significant accomplishment in the area of planning and finance. One of the vehicles that has been used extensively by POLICY for disseminating information on the economics of HIV/AIDS has been the International AIDS and Economics Network (IAEN), which was founded nine years ago by the current IR2 Director for HIV/AIDS. In October 2001, the IAEN organized a meeting in Washington, D.C., on resource allocation that was attended by more than 130 economists and policymakers. A second meeting is planned in Barcelona in July; more than 100 participants from developed and developing countries are expected to attend.

Papers and Reports

One way that the IR2 team disseminates information is by writing papers that assist in clarifying issues surrounding the economics of HIV/AIDS. During Year 2, POLICY staff completed several published papers and reports, as follows:

- *State of the Art: AIDS and Economics*, produced for the International HIV/AIDS Conference in Barcelona, July 2002
- “Assessing the Cost and Willingness to Pay for Voluntary HIV Counselling and Testing in Kenya,” *Health Policy and Planning*, June 2002
- “The Epidemiological Impact of an HIV/AIDS Vaccine in Developing Countries,” March 2002 <http://econ.worldbank.org/files/13172_wps2811.pdf>
- “Resources for HIV/AIDS Prevention and Care,” *AIDS 2002: A Year in Review*
- “Resource Requirements to Fight HIV/AIDS in Latin America and the Caribbean” for a special issue, *AIDS in the Americas*
- “Resource Needs for HIV/AIDS,” *Science*, June 2001 (quoted extensively at UNGASS)

Abstracts

In addition, the following abstracts were written and will be presented at the XIV International HIV/AIDS Conference in Barcelona:

- GOALS Modeling in Lesotho: Using a resource allocation model to assess Lesotho’s HIV/AIDS budget and its impact on the country’s epidemic
- Cost savings and affordability of antiretroviral therapy for private sector employees in developing countries
- Problems in estimating current expenditures on HIV/AIDS in developing countries
- Perceived risk versus actual risk in Kenyan youth
- Integrating HIV/AIDS into poverty reduction strategies in sub-Saharan Africa
- Improving resource allocation decisions: Using the GOALS Model to understand the effect of resource allocation patterns on the achievement of national goals for prevention and care

AGOA

IR2 was also extensively involved in preparations for the African Growth and Opportunity Act (AGOA) meeting in Washington, D.C., in October 2001 (with support from USAID’s Africa Bureau). During this meeting, POLICY presented the following three papers:

- HIV/AIDS: Implications for AGOA Objectives
- How are Finance and Planning Ministries Responding?
- How are Trade and Commerce Ministries Responding?

Training

A key component of our activities has included training POLICY staff in finance and planning. IR2 made several presentations during TD Week in April 2002, including:

- Priorities in HIV/AIDS Public Decision Making: A Policy and Economic Framework
- GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions
- How to Apply the GOALS Model
- HIV/AIDS and the Private Sector: The Impact of HIV/AIDS on the AGOA Objectives

In addition, IR2 has been extensively involved in external training. IR2 staff, for example, have conducted two training courses on the GOALS Model in South Africa, Lesotho, and Kenya. An IR2 staff member also presented, “Policymaking and Antiretroviral Therapy in Developing Countries” at the May 2002 meeting of the Global Health Council.

New Model Development

POLICY began to develop a Human Capacity Development (HCD) add-on that will be incorporated into the GOALS Model to identify needs in areas such as training. A draft version of this module was completed in Year 2 and data will be incorporated into GOALS in Year 3.

Collaboration

IR2 has collaborated with other organizations that are involved in finance and planning issues associated with HIV/AIDS. For example, the IR2 HIV/AIDS Director is a member of the technical working group for SmartWork, which is a Department of Labor (DOL)-funded project to address the impact of HIV/AIDS on the private sector in developing countries. POLICY is also collaborating with the World Bank, WHO, UNAIDS, Merck, and ANRS (France) to sponsor the IAEN preconference in Barcelona. Through this collaboration, 15 participants and five of the organizers will be able to attend both the pre-conference workshop and the conference.

POLICY is also working in collaboration with various organizations, including UNAIDS, World Bank, CRHCS, INSP/Mexico, SIDALAC (AIDS research and analysis in Latin America), and most especially the Global Fund to Fight AIDS, TB, and Malaria. An IR2 staff member, Bill McGreevey, prepared a paper on “Economics at UNAIDS” to provide guidance to UNAIDS and partner organizations (UNFPA, UNDP, UNICEF, WB, ILO, WHO, UNDCP, UNESCO) on how to allocate US \$1 million dollar budget for economic analysis to specific topics and uses. Dr. McGreevey also prepared a paper for the Poverty Reduction Strategy Paper (PRSP) Workshop on integrating health, nutrition, and population into national policies for development in sub-Saharan Africa. The workshop provided guidance to health specialists from 10 countries on how to prepare inputs to the PRSPs submitted to the World Bank as a means to secure debt relief.

Mobilizing Resources from the Global Fund

One of the important results achieved by IR2 involved the procurement of resources from the Global Fund for HIV/AIDS, TB, and Malaria. IR2 staff members participated to varying degrees in the preparation of eight proposals to the Global Fund. Haiti’s proposal, which incorporated POLICY data and was prepared by POLICY field staff, obtained \$66.9 million in additional funding. Other countries assisted by POLICY with their successful applications include South Africa and Nigeria, while a proposal from Honduras received US\$41 million in deferred funding. Other applicants that were assisted by POLICY were encouraged to re-apply in the second round of grants.

In Year 3, IR2 (HIV/AIDS) core funds will be used for:

Resource Allocation and Mobilization

The GOALS Model has been developed to improve the allocation of resources to HIV/AIDS programs. During Year 2, the GOALS Model was tested in Lesotho, South Africa, Cambodia, and Kenya. During Year 3, the focus of IR2, IR3, and IR4 activities in the area of resource allocation will be to train a sufficient number of people to carry out the modeling exercises. Some of these individuals will be our own staff, but most will be people from the regions where the modeling will be conducted. Centers of

excellence will be established in Asia (in conjunction with a December 2002 training exercise sponsored by USAID's Africa regional office) and possibly in East Africa (through collaboration with CRHCS). GOALS modeling will be conducted predominantly with field-support funds. However, core resources continue to be needed to program the model in SPECTRUM, develop comprehensive training materials, and provide training to POLICY staff, USAID staff, and staff of other CAs.

In addition to addressing issues of resource allocation, it will also be critical for POLICY to demonstrate success in mobilizing resources. This has become an increasingly important area of focus, particularly with the availability of funds from the Global Fund for HIV/AIDS, TB, and Malaria. Therefore, it is expected that POLICY will be able to develop a set of resource allocation tools that can assist countries that are applying to the Global Fund and to other potential donors.

Based on POLICY's experience, there is no "typical" way in which resource allocation tools, such as GOALS, can be used. GOALS has been used as a tool for measuring cost-effectiveness, a policy dialogue tool for discussing resource trade-offs, and a tool for donors to set priorities for interventions. As resource allocation issues are addressed, it will be critical that the lessons learned from these experiences are well documented. IR2 therefore plans to produce a document with core funds that describes the ways in which countries deal with resource allocation decisions in the area of HIV/AIDS. This documentation should assist other countries that are facing similar issues.

Economic Impact and Mitigation

In Year 3, the POLICY Project plans to expand on its work with IAEN both through face-to-face meetings and online discussions with the more than 5,000 members of the network. We also will be conducting a preconference workshop on AIDS and Economics in Barcelona in July 2002.

In addition to its work with the IAEN, POLICY also expects to expand its current work on the issue of HIV/AIDS and the world of work. Specifically, IR2 plans to document the ways in which companies have developed workplace policies.

In addition, plans are underway to develop a highly active antiretroviral therapy (HAART) cost-benefit model. This model will be developed with core funds but will be applied with field-support funds in Latin America, Asia, and Africa, where the economic feasibility of HAART at various prices is most in question. Various scenarios will be developed, so that policymakers in these regions can discuss the implications of HAART as well as its sustainability.

POLICY is also developing a model that estimates training needs for an expanded response. The initial model was completed in Year 2, but additional information will become available later in the year from the assessments now being conducted by other CAs. This new information will need to be incorporated into the model. Once the initial model is developed, it will be tested and applied in one or two countries before it is finalized and offered to countries for field applications.

Policy Evaluation and Projections

POLICY has worked with UNAIDS to develop and implement the AIDS Program Effort Index (API). UNAIDS and the Measure Project have determined that a new round of the API is needed in 2002 to help collect the information required to monitor and evaluate the response to the International Partnership Against AIDS and the UNGASS Declaration. UNAIDS will provide some of the funding for this, but core funds will be required to support adaptation of the instrument to the new global goals and analysis of results. POLICY also participates in the UNAIDS Reference Group on Monitoring and Evaluation and in the USAID HANIG efforts to develop indicators to monitor and evaluate the expanded response.

The POLICY Project is an important partner with UNAIDS and WHO in their efforts to prepare estimates of numbers of people infected, numbers of AIDS cases and deaths, and numbers of orphans. UNAIDS now uses SPECTRUM to make these estimates. POLICY participates in the UNAIDS Reference Group on this topic, updates SPECTRUM as required to accommodate new information and requirements, and provides training to our own staff, UNAIDS staff, and national counterparts.

Potential linkages to Year 3 field-support activities:

- TA to Kenya, Malawi, and the state of Yucatan, Mexico to assist in GOALS modeling.
- TA to Cambodia to assist in costing their strategic plan.
- TA to CRHCS in Tanzania to develop regional training capacity in GOALS modeling.
- Training of policymakers in five Asian countries in advocacy around resource allocation and in a regional GOALS workshop in collaboration with IR1.
- Assistance to HEARD in South Africa to develop a regional center of excellence in the area of AIDS and economics and to form a task team that can address ways to mitigate the impact of HIV/AIDS on the supply and demand of labor within ministries of health.

Expected achievements for Year 3:

- More POLICY staff and partners are trained in resource allocation modeling.
- Countries allocate their HIV/AIDS resources more cost-effectively.
- Selected countries have an accurately costed strategic plan.
- HIV/AIDS policy environment assessed in a broad range of countries.
- Improved global estimates and projections include accurate numbers on the number of people infected with HIV.
- Resources generated in selected countries from successful applications to the Global Fund.
- Research in the area of HIV/AIDS and economics disseminated.

3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (HIV/AIDS)

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand and raise awareness about HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve HIV/AIDS goals. Much of the research on finance issues pertinent to HIV/AIDS is conducted in collaboration with IR2. IR3 is also responsible for the development of new models and the maintenance of existing models, and for overseeing their incorporation into SPECTRUM.

Summary of Year 2 accomplishments:

- AIM was revised as a result of POLICY Project collaboration with UNAIDS in the preparation of the 2001 round of national HIV/AIDS estimates. SPECTRUM now reads a prevalence projection from EPP (Epidemic Projection Package), which replaces EpiModel and AIDSproj for preparing prevalence projections from surveillance data.
- New default patterns were also developed in conjunction with UNAIDS for the progression from infection to death, the age and sex distribution of HIV infection, the fertility reduction due to HIV and perinatal transmission. A new editor was also developed for HAART.

- The GOALS Model was tested and applied in Cambodia, Kenya, Lesotho, and South Africa. Revisions to the GOALS Model have been made based on these experiences in the field.
- Several POLICY staff and others received training in policy models, including EPP and GOALS.

Proposed core-funded activities for Year 3:

- Bring new models into the SPECTRUM system.
 - Bring the GOALS Model into the SPECTRUM system.
 - Develop a model to estimate training needs for an expanded response.
- Update policy models to address key concerns.
- Conduct a literature review and case study of evidence of the benefit of adhering to the GIPA principle with the view to developing guidelines to help with its implementation (see IR1).
- Increase economic information on impacts of HIV/AIDS and cost-effectiveness of interventions.

4. IR4: Capacity Development (HIV/AIDS)

IR4 focuses on building capabilities of POLICY staff and establishing courses and training interventions to foster policy champions around the world. IR4 supports the project's LTAs so that they advance the policy process and strengthen training capacities in policy topics at local institutions and universities. Selected technical updates sponsored in part by IR4 will strengthen U.S.-based staff skills in matters such as HIV/AIDS interventions and health program financing and costing. IR4 will also collaborate in training new staff in SPECTRUM models for policy analysis and formulation, as well as training on newly developed SPECTRUM models such as the GOALS Model.

Summary of Year 2 accomplishments:

- HIV/AIDS knowledge and skills of 30 POLICY staff upgraded through two-day workshop with selected support of IR4.
- As a member of HIV/AIDS New Indicators Working Group (HANIG) sponsored by the USAID Office of HIV/AIDS and led by the Synergy Project in Washington, completed human capacity indicators for inclusion in the "Expanded Response Handbook for Monitoring and Reporting on HIV/AIDS Programs" to be used by USAID worldwide to measure progress in its Expanded Progress 2002–2007.

Proposed core-funded activities for Year 3:

- Hold regional TD Weeks for POLICY staff in three regions to provide insights, practical approaches, and sharing of lessons learned across areas of common concerns.
- Train in-country LTAs on current HIV/AIDS policy trends.

5. Core-Funded Working Groups (HIV/AIDS)

a. Gender Working Group (GWG)

The purpose of the GWG is to enhance the understanding of current approaches to gender and HIV programming in the USAID community and to use this information to advocate for improved programming and targeting of priority areas for intervention. SSO4 support to the GWG includes participation in the IGWG and leadership of the Gender and HIV/AIDS Task force.

Proposed core-funded activities for Year 3:

- Provide continued leadership to IGWG and the Gender and HIV/AIDS Task force, in particular:
 - The Gender and HIV/AIDS Task force is tasked with assessing how the USAID community has integrated gender into USAID HIV/AIDS/STI programming. The assessment included interviews with 58 key informants to identify current gender issues, programming, and priorities. This phase culminated with the February 26 presentation, “Gender and HIV: Preliminary Findings from the Gender & HIV/AIDS Task Force.” The second phase will include 5–6 working meetings with the USAID and CA community to present the findings and carry out participatory analysis of their implications. These working meetings will be held between July and December 2002 in various venues (in Barcelona at the International HIV/AIDS Conference, in Washington, D.C., and in 3–4 regions). This activity will culminate in a report that synthesizes the findings from the assessment and workshop meetings, which is designed to lay the groundwork for the next year’s gender and HIV activities.
- Conduct a strategic planning process with the Office of HIV/AIDS on its gender planning and programming.
- Conduct case studies on a specific theme identified in the gender and HIV assessment (either multisectoral approaches to gender and HIV or the intersection of GBV and HIV).

b. Human Rights Working Group (HRWG)

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and to promote a rights-based approach throughout core and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions, and laws, components of a rights-based approach include advocacy and activism; information services; participation; capacity development; alliance and network building; community mobilization; and collaboration and coordination. POLICY’s human rights activities for HIV/AIDS focus on empowerment and protection of those infected with HIV/AIDS, with particular attention devoted to HIV prevention among those populations most vulnerable to HIV: MSM, IDUs, CSWs, and street children.

Proposed core-funded activities for Year 3:

- Increase knowledge of human rights by staff and counterparts.
 - Conduct human rights and human rights tools training (one in each region).
 - Conduct Washington-based brown bag lunches.
- Increase staff and counterpart collaboration, coordination of human rights activities.
 - Participate in USAID working group on injection drug use.
 - Continue as co-chair, USAID working group on stigma and discrimination.
 - Collaboration with country and regional CSOs dealing with human rights.
 - Collaborate with UNAIDS and other institutions in the development of model HIV/AIDS legislation.
- Promote human rights applications in POLICY countries.
 - Apply the human rights and law assessment tools, such as HIV/AIDS legislation score (HALS) and the revised human rights component of the API.
 - Develop model HIV/AIDS legislation and model HIV/AIDS operational policies.

6. POLICY Core Packages (HIV/AIDS)

a. Ongoing HIV/AIDS Core Packages

Mexico Core Package. The purpose of the Mexico core package is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions. The package emphasizes the empowerment of PLWHA to be more open about their status and more proactive about tackling both the internal and external manifestations of stigma and discrimination. It also seeks to help health care providers and PLWHA to better understand how stigma adversely affects the delivery of services and the types of national and operational policies that can be adopted to reduce service-related stigma. The package will also show how public perception of PLWHA, as influenced by media images, can be improved and thus contribute to eliminating stigma and discrimination. The approaches to address these focal areas include the following four components:

- Research to design a survey and indicators on stigma and discrimination and capacity building for PLWHA organizations.
- Research on barriers to access to and use of services in health care, welfare, employment, and legal support; development of policy dialogue materials in these areas; and development and pilot testing of a training program for health care providers.
- Review of legislation, policies, and norms related to stigma and discrimination particularly in the workplace, combined with advocacy and policy dialogue to reduce discrimination in the workplace.
- Development and testing of a media training and sensitization program, including involvement of PLWHA and creation of a photo-journal on PLWHA.

Thus far, POLICY helped to form a Comité Directivo (Advisory Board) in Mexico to oversee all technical issues related to package implementation. Activities began with a meeting of the local project coordinator with key counterparts to develop workplans and budgets for the various components. Plans are in place for the media and legal/regulatory policies package components. The final configuration of the baseline/indicators component and the barriers to access to services component are still being negotiated, pending the outcome of discussions with the Measure Project and the National Institute for Public Health in Mexico. POLICY also formed a three-person consulting team that is now poised to launch the third component pertaining to legal analysis, drafting of legal proposals, and advocacy for changes in laws to address stigma and discrimination issues in the target states.

Year 3 planned activities for the Mexico core package include the following:

- Convene international expert group meeting on stigma indicators, August 21–23, in Cuernavaca, Mexico (with National Institute for Public Health).
- Conduct media scan for baseline information, followed by design and pilot of media training workshop (with Letra S, a local NGO/media organization).
- Shadow selected PLWHA by photographer and journalist and design photo-journal on PLWHA experiences for use in media training and policy dialogue activities (with Letra S).
- Research internal stigma and barriers to access to services in health, housing, legal affairs, and employment, followed by design and piloting of stigma and discrimination training workshop for health service providers (with Colectivo Sol and Red de Personas Viviendo con SIDA, a PLWHA organization).
- Review legislation, norms, and regulations in target sites and at the national level to assess stigma and discrimination from a legal perspective and recommend changes to laws, norms, and/or regulations. This will be followed by policy dialogue and advocacy activities, with HR/legal consultants and FRENPAVIH, a PLWHA network, in the targeted states.

South Africa Core Package. The purpose of the South Africa core package is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions. It aims to identify, review, and document best practice activities and interventions (including appropriate indicators) in three sectors—PLWHA and their relationship with the media, the faith-based sector, and national government departments—all of which aim to reduce HIV/AIDS-related stigma and discrimination.

Work on this package has just recently gotten underway. Thus far, there is a contract in place to conduct research, and the process of recruiting staff to work on the package has begun. Below is a list of planned activities for Year 3.

Media representation of PLWHA & HIV/AIDS

- Conduct baseline study.
- Conduct consultative national workshop with the National Association of PLWHA (NAPWA) to design the framework for capacity building program.
- Develop training package (facilitators guide, participant handbooks, and training agenda).
- Implement nine provincial workshops with local PLWHA groups.
- Write up the results of the workshops into an accessible package that can be used by other agencies.
- Monitor the coverage by NAPWA within the South African press and compile an evaluation report.

Policy environment in the workplace at the national level, including the implementation of international human rights charters

- Conduct baseline study.
- Conduct consultative meetings with heads of departments to determine the terms of reference for the research project and establish a Reference Group.
- Develop the research design (establish clear aims and objectives, assessment tool, interview guides, and sample identification).
- Conduct research in 10 national government departments through a series of individual and focus group interviews.
- Analyze interview results and present the findings to the Reference Group.
- Transform the research recommendations into practical guidelines, which will assist the departments to improve their practice in creating a supportive nondiscriminatory environment.

Access counseling and care and support services through civil society mechanisms: faith-based organizations

- Conduct baseline study.
- Identify the terms of reference for the descriptive study with an interfaith committee.
- Identify two samples of faith-based leaders, one of which has demonstrated best practice models.
- Develop the interview tool, which will provide baseline information and measure change in perceptions, attitudes, and beliefs of the faith community.
- Conduct interviews with the selected sample of faith-based leaders.
- Synthesize interview results and transform the information for use in print/broadcast media .
- Conduct follow-up session with both sample of faith-based leaders together to share examples of strategies to address HIV-related stigma.

b. Proposed New Core HIV/AIDS Packages

Two of these three proposed HIV/AIDS core packages will be developed in the coming year as *short-term, cutting-edge* activities. These activities are meant to have immediate impacts on the demonstration country with lasting implications for the global HIV/AIDS prevention to care continuum.

Injecting Drug Users and HIV/AIDS: Reducing Stigma and Discrimination to Advance Access to HIV Prevention Information and Services. Nepal along with other countries in Asia is experiencing drug-related HIV epidemics. Nepal is a country with low HIV transmission, except among IDUs, where it has spread substantially. HIV prevalence among IDUs is 45 percent in Kathmandu. Needle exchange and drug substitution programs are the main harm reduction (“prevention”) programs.¹

Given the high prevalence of HIV in Nepal, there is an urgent need for effective HIV prevention interventions for IDUs, including the creation of a human rights-based environment that enables effective and comprehensive HIV prevention activities. IDUs in Nepal and in other Asian countries are not only at high risk for HIV infection but are also marginalized by culture and law.

IDUs need HIV prevention services, and when they are marginalized they are less likely to receive such services. A human rights-based approach to IDUs and a legal environment that permits and promotes HIV prevention information, services, and the means to implement prevention measures—including needle exchange programs—are essential to reduce higher prevalence rates among IDUs in Nepal. [Note: we use Nepal here as an example country only. We will fully explore possibilities in other countries and make a final selection based on that assessment.]

Documenting the Impact of PLWHA Participation on Policy. GIPA, as well as continued activism and advocacy by PLWHA, has fostered increased commitment to ensuring PLWHA’s increased involvement in, and control over, HIV/AIDS research, program development, and policymaking. While the GIPA principle is contained in most national HIV/AIDS program policies and international policy instruments—including the UNGASS Declaration—the question of meaningful PLWHA involvement, beyond tokenism and lip service, is still a policy hurdle. To date, the impact of GIPA on policies has not been systematically documented in a form available to prove its importance. The objectives of this package would include developing a framework and indicators to assess the impact of involving PLWHA on improved policymaking, synthesizing existing documentation within this framework, and developing and piloting a set of participatory evaluation tools to assess the validity and usefulness of these indicators in the field. The framework and synthesis document as well as the accompanying set of participatory evaluation materials would be revised based on the information gathered through this field pilot testing prior to broader dissemination. This core package would support the goals of the Global Advocacy Agenda of GNP+, which forms the basis of its strategic framework. In addition, it would leverage existing POLICY related work with PLWHA associations at the national, regional, and international levels.

Promoting the Sexual and Reproductive Health Rights (SRHRs) of HIV-positive Women at the Level of Operational Policies. The sexual and reproductive health rights of women living with HIV/AIDS are well supported in international treaties and conventions (e.g., UNGASS, ICPD +5, Beijing, ICPD). However, as women’s and PLWHA groups have repeatedly documented, these rights often are not operationalized in programs and policies. The goal of this core package would be to pilot the identification and development of a replicable set of operational policies—and accompanying processes to develop and implement these policies—regarding the SRHRs of HIV-positive women at the level of

¹ Monitoring the AIDS Pandemic, The Status and Trends of the HIV/AIDS/STD Epidemics in Asia and the Pacific, Provisional Report, October 23, 1999.

sexual and reproductive health services. While there are many key SRHRs, the pilot project will choose one or two specific focus areas in collaboration with the local partner organization or network² and two to three reproductive health centers. The project activities will include the following activities: rapid assessment by HIV-positive women's organizations of current SRHRs and priority issues; participatory identification and assessment of operational policy barriers from the perspective of providers and HIV-positive women; policy dialogue to identify, develop, or change operational policies; and ongoing monitoring of the impact HIV-positive women have on operational policy changes with regard to their SRHRs. The *processes* to develop and implement operational policies to promote the priority SRHRs of HIV-positive women, as much as the *concrete policies*, would be part of the replicable policy approach the package would hope to produce.

² Likely priorities could include the right to be respected and supported in choices about reproduction, including the right to have or not have children; and the right to full sexual and reproductive health information and support, including being seen as fully sexual persons with needs for sexual health, barrier methods, contraception, and full reproductive health services such as cervical screening.

IV. WORKPLAN FOR REGIONAL ACTIVITIES

While most of the regional activities are managed as “core” activities, funds for these activities come from regional field-support sources. Thus, regional obligations for Africa, Southern Africa, ANE, and LAC³ are shown in Table A–4 with other field-support funds. The majority of POLICY’s regional funds are for HIV/AIDS activities; however, in previous years POLICY has also received regional funds for FP/RH activities in Africa and the ANE region, for which the remaining activities are reported here.

³ A proposal is just now being developed for how to use the LAC regional funds in the area of contraceptive security.

AFRICA REGIONAL FUNDS (FP/RH)

Strategy
<p>Some of the countries in East and Southern Africa, such as Botswana, Kenya, and Zimbabwe, were recognized for successful FPPs before the impact of the AIDS epidemic became apparent. Unfortunately, these countries have been hard hit by the severity and the magnitude of the epidemic. In other countries in the subregion, such as Uganda and Tanzania, family planning services are not reaching a majority of couples who had expressed a desire to space or limit childbearing even before the onset of HIV/AIDS. Using FY01 funds POLICY developed a proposal to study and document the status and trends of FPPs in 6–8 countries hard-hit by the HIV/AIDS epidemic. The study was initiated and carried out in Kenya and Zambia and results were presented at the International AIDS Conference held in Barcelona in July 2002. POLICY will continue to work on completing the studies in the remaining countries and initiate activities to advocate for strengthening FPPs in countries that are severely affected by the AIDS epidemic.</p>
Proposed Activities
<p><i>Assess the status of the FPPs in six additional countries: Botswana, Côte d'Ivoire, South Africa, Tanzania, Uganda, and Zimbabwe.</i> This activity will be carried out by conducting in-depth interviews by key informants in country, supplemented with information from policies, plans, and budget documents. In two countries, focus group research among service providers, policymakers, and women living with AIDS will add a human dimension to the identified FP/RH needs in the country.</p> <p><i>Advocate for strengthening FPPs in countries that have been severely impacted by the AIDS epidemic.</i> In conjunction with IR1 assistance, POLICY will host seminars and policy dialogue events at the country and regional levels to assist countries in developing policies and plans that meet the FP/RH needs of their populations.</p>

AFRICA REGIONAL FUNDS (HIV/AIDS)
SOUTHERN AFRICA REGIONAL HIV/AIDS PROGRAM (RHAP)

<p>Strategy</p> <p>Southern Africa is currently at the epicenter of the HIV/AIDS epidemic. It's estimated that of the 33.6 million people infected with HIV, approximately 70 percent live in sub-Saharan Africa. In Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, it's believed that 18 percent or more of the entire adult population is infected with HIV. Not surprisingly, some of the highest incidences of HIV/AIDS have been found at cross-border sites where there is a high turnover of truck drivers, migrant workers, and CSWs. The primary aim of the Regional HIV/AIDS Program (RHAP) in Southern Africa is to target high transmission areas at cross-border sites with appropriate interventions. The four main focus areas are cross-border site activities, regional policy activities, networking and information sharing, and improved consistency and comparability of data. RHAP/Southern Africa also provides some additional TA to Botswana, Lesotho, and Swaziland, which do not have USAID Missions in their countries.</p>
<p>Proposed Activities</p> <p><i>Theme: Policy Dialogue, Advocacy, and Participation</i> <i>Expanding Multisectoral HIV/AIDS Involvement.</i> Continuing USAID support for regional multisectoral HIV/AIDS policy dialogue and advocacy programs, POLICY will facilitate five initiatives with the following sectors:</p> <ul style="list-style-type: none"> • Southern Africa Network of People Living with HIV/AIDS—the effective management of collaborative projects • faith-based sector—capacity building for the delivery of faith-based, home-based care, counseling, and community outreach programs • local government politicians and legislators—establishing mechanisms for effective dialogue with local AIDS service organizations to effect appropriate policy change • transport sector—the development of effective workplace policies to secure a collaborative approach to HIV/AIDS within the region • migrant labor sector—the policy implications for implementing gender-sensitive HIV/AIDS projects within SADC mining, employment, and labor sectors <p><i>Theme: HIV/AIDS Policy Planning and Finance Issues</i> <i>AIM Presentations for Ambassadors in Lesotho, Swaziland, and Lesotho.</i> POLICY will review outcomes of TA provided to ministries in Lesotho and Swaziland pertaining to resource allocation and population projections. The results of the review will be documented so that the lessons can be shared with other Southern African countries. POLICY will provide follow-up support to the local ministerial representatives as they begin to make use of the projections and the GOALS Model.</p> <p><i>Theme: Research, Information, and Policy Directions</i> Research, facilitation, and technical support will be provided to the USAID Regional HIV/AIDS Program, Southern Africa as the program convenes regional meetings and seminars focusing on issues pertinent to the HIV/AIDS epidemic.</p> <p><i>Theme: Capacity Development and Policy Implications</i> <i>NGO Capacity Development Program.</i> Building on the success of the U.S. Ambassadors' Small Grants Program in Botswana, Lesotho, and Swaziland, POLICY will continue and expand the training of community-based organizations to respond effectively to and manage local HIV/AIDS projects.</p>

ANE BUREAU (FP/RH)

Strategy
<p>The primary aim of POLICY activities in the ANE region is to generate relevant information on key FP/RH issues and advocate for policy and program change based on the findings. Based on the needs in the region, POLICY work has focused on three critical areas: maternal health, adolescent reproductive health, and declining contraceptive prevalence rates in some ANE countries. POLICY did not receive any new funding from the ANE Bureau for FY02 and so these activities reflect a continuation of ongoing activities.</p>
Proposed Activities
<p><i>Advocacy for safe motherhood programs.</i> In an activity jointly developed by POLICY, the MNH Program, and ICM, POLICY staff will train over 25 midwives from eight ANE countries in a regional workshop in the Philippines in July 2002. The advocacy efforts of the midwife teams from the eight countries will be sustained through the small grants mechanism. Country teams can apply for minigrants to fund the advocacy plans they develop at the workshop. This effort</p> <p><i>Strengthening ARH policies and programs in ANE.</i> POLICY conducted in-depth research to document the status of ARH policies and programs in 13 ANE countries. Individual country reports and a synthesis report for the region will be shared with USAID staff and high-level policymakers in the region to advocate for strengthening ARH programs.</p> <p><i>Report on plateauing of contraceptive prevalence.</i> Many countries in the ANE region have begun to experience a decline in the rate of increase of the contraceptive prevalence rate (CPR). These countries may be heading toward a plateauing of CPR and an associated reduction in the speed of fertility decline. POLICY will examine the trends in select ANE countries that are witnessing the plateau and prepare a synthesis report for USAID staff and other donors. This information will be critical for developing lessons learned and new strategies to prevent such occurrences in the future.</p>

ANE BUREAU (HIV/AIDS)**Strategy**

Strategic partners within the ANE region will include national AIDS councils; AIDS control programs; key policy decision makers within the following lead HIV/AIDS ministries: Health, Education, Finance, Local Government, Civil Service, and Uniformed Services; and civil society groups. Key civil society partners will focus on organizations of PLWHA; faith-based organizations; and organizations aimed at addressing the larger developmental influences of the epidemic. By working in conjunction with and through the above-mentioned governmental, educational, and civil society groups, both the implementation of scale-up programs as well as political and community commitment will be improved.

The ANE Regional Program supports policy and advocacy efforts in the public and private sectors as a means to increase commitment, resource allocation, and participation at the local/community, subnational, and national levels.

Proposed Activities***Theme: Policy Dialogue, Advocacy, and Participation***

People Living with HIV/AIDS. Linked to the core-funded policy assistance to GNP+, POLICY would support the regional PLWHA network, the Asia Pacific Network of People Living with HIV/AIDS (APN+). This collective strategy will ensure that global policy considerations and advocacy issues are implemented at a regional level. POLICY support to APN+ would include the implementation of key policy aspects of relevance to the region and support for the implementation of policy-related activities on the global advocacy agenda (addressing stigma, legislation, etc.). This will also include monitoring the participation of the civil society groups in policy process issues (e.g., resource allocation, UNGASS commitments, and global fund).

Vietnam. With Year 2 ANE funds, POLICY conducted an assessment of the HIV/AIDS policy gaps, constraints, and opportunities in Vietnam. On the basis of this assessment and complementing the current PLWHA policy activities, POLICY will, in the coming year, address another area of identified need: the current policy constraints related to the incarceration of IDUs and CSWs in camps. Working in collaboration with other partners, POLICY will address advocacy aspects pertaining to this ordinance. This funding will be used to conduct an assessment and review of the *Ordinance on the Prevention and Control of HIV/AIDS* and other related policies and legislation. The MOH has stated that this is their top priority; there has already been some preliminary discussions with POLICY and the MOH's Legislation Unit regarding the proposed activity. The fact that the Vietnamese government has strongly identified the need for this activity hopefully means that there will be commitment to act on recommendations that might emerge from the review. The ordinance review provides an excellent entry point for future activities. Following the ordinance review, the challenge will be to assist the government to undertake law and policy reform and to operationalize new policies emerging from the review. This activity will require an in-country presence, so that we can deliver a comprehensive capacity-building program aimed at creating an enabling environment with an emphasis on activities designed to address stigma reduction, promotion of human rights, greater involvement of PLWHA, multisectoral engagement, and human and institutional capacity development. A detailed country workplan is being developed for Vietnam.

Theme: HIV/AIDS Policy Planning and Finance Issues

Centers of HIV/AIDS Excellence. Over the past year, POLICY has strengthened regional capacity to address resource allocation issues. Plans are now underway to develop a HAART cost-benefit model. This model will be applied predominantly in Asia, where the economic feasibility of HAART at various prices is most in question. Various scenarios will be developed, where selected participants in these regions can discuss the implications of HAART, as well as its sustainability (see IR2).

ANE Bureau (cont.)

HIV/AIDS Policy Assessments. The formulation of comprehensive HIV/AIDS policies to mitigate the impact of the epidemic is a cornerstone of any response. However, implementation of HIV/AIDS policy is as important as the existence of a policy. As an entry point into this non-presence country, POLICY will prepare an HIV/AIDS policy opportunities and strategies assessment of local and regional policies in the provinces of China bordering the Mekong region. On the basis of the assessment, POLICY will address policy areas of high priority.

Theme: Research, Information, and Policy Directions

Sex Work and HIV/AIDS in ANE. Sex work continues to be one of the main misunderstood and under-addressed modes of HIV transmission in the ANE region. Addressing the regional policy and advocacy gaps related to the growing sex industry is an important component of an HIV/AIDS prevention and care strategy for the region. The importance of adequately addressing the policy needs of this important crossover population cannot be underestimated. POLICY will provide assistance in policy development for regionwide sex-worker issues.

GIPA Monitoring. Learning how and where GIPA is being used is important in understanding the effectiveness of this principle. The POLICY Project will develop a regional report on the GIPA Principle by determining how USAID Missions and CAs in the region are using GIPA both in principle and practice. POLICY will concentrate its policy research on these organizations' implementation and monitoring of GIPA to determine gaps and plans for improvement within the region. (This would be linked to the proposed core package on documenting the impact of PLWHA participation in policy activities as well as with the project's other PLWHA work.)

V. COUNTRY WORKPLANS

Country activities are mainly carried out with field-support funds⁴ from USAID Missions and regional bureaus. POLICY is currently working in 25 countries and with two regional programs (REDSO/ESA and the West African Regional Program). Work in Vietnam is gearing up in FY02 (using ANE regional funds for HIV/AIDS), and POLICY is in the preliminary stages of developing new programs in Nepal and Honduras. POLICY's work in Turkey (under a core agreement) will be coming to a close in the next few months, as the USAID Mission has now completed its phaseout operations.

Summaries of the country strategies and workplans are contained in the following pages, organized by geographic region. Table A-2 in the Appendix summarizes field-support obligations to date, including anticipated obligations in FY02. The pipeline information listed on the individual country pages is shown as of June 15, 2002. (This will be updated as of June 30, 2002 in the final workplan.)

⁴ POLICY uses a limited amount of core funds to support country programs through its core package program, which was described earlier. Core packages have been approved and are underway in Romania, Ukraine, Nigeria, Guatemala, Jamaica, Mexico, and South Africa. Core packages are pending approval in Peru and Kenya, and several new packages may be approved in Year 3.

AFRICA

ETHIOPIA

Strategy
<p>Ethiopia has several unenviable distinctions: it is in the global top five countries with regard to HIV infection rates, has the third largest HIV-infected population, and is among the bottom five with regard to poverty and development. Nearly 8 percent of Ethiopian adults are believed to be HIV-positive. Fertility levels are high with a contraceptive prevalence rate of only 8 percent. Awareness about HIV/AIDS and programs to address the above FP/RH issues are weak.</p> <p>In the areas of HIV/AIDS and FP/RH, there is a lack of support from both civil society and government. POLICY's strategy addresses this need by using a mix of policy and data analysis to develop consensus and action around HIV/AIDS and FP issues that are critical to the country's development. Our strategy is focused on strengthening the policymaking and analytical capacity of staff, institutions, and civil society at the national and regional levels. Accurate information is critical to policy formulation. POLICY will assist the National and Regional AIDS Council Secretariats (NAC and RAC) to update national and regional HIV prevalence and monitor the AIDS policy environment. POLICY will also work with key stakeholders to build consensus on the existing FP situation and trend, which will assist in planning for FP programs and future procurement of contraceptives.</p> <p>Policies, laws, and regulations often present a barrier to the provision of critical FP and HIV/AIDS services. POLICY will work toward an improved policy environment for FP/RH by carrying out a detailed assessment of FP/RH policy barriers. POLICY will also conduct an assessment of the legal and regulatory environment surrounding HIV/AIDS in Ethiopia. With POLICY assistance, the Confederation of Ethiopian Trade Unions (CETU) has developed draft workplace guidelines on HIV/AIDS. As a follow-up to this work, POLICY will facilitate consensus discussions among labor, business, and government stakeholders on the need for national HIV/AIDS workplace guidelines.</p>
Staff
<p>Country Manager: Charles Pill Local Staff: Seyoum Selassie, Haileyesus Getahun, Eleni Seyoum, and Ayele Belachew Affiliated Staff: Sumi Subramaniam, and Koki Agarwal</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ -31,842 Anticipated FY02 funds: \$400,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support the NAC and RAC policy revision and development of data for policy dialogue <p>IR2. Planning and financing for FP/RH and HIV/AIDS improved</p> <ul style="list-style-type: none"> • Develop National Workplace Guidelines on HIV/AIDS • Revise the National AIDS Policy and National Guidelines on MTCT and VCT and build consensus among key stakeholders <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Prepare FP projections and cost-benefit analysis to advocate for and build consensus on FP and contraceptive procurement needs • Apply the AIDS Policy Environment Score (APES) and the AIDS Program Effort Index (API) • Analyze and build consensus on future trends in mortality, fertility, and population projections incorporating the impact of AIDS • Analyze data for mobilizing a multisectoral group: prepare regional AIDS profile for the Southern Nations and Nationalities Peoples Region (SNNPR) • Assess policy barriers to expansion and strengthening of FP/RH activities in Ethiopia • Assess laws and policies affecting HIV/AIDS in Ethiopia • Analyze, update, and disseminate the national adult HIV prevalence estimates for 2001

GHANA

Strategy
Under Ghana's previous government, POLICY provided extensive TA and financial support in drafting a comprehensive national HIV/AIDS and STI policy that was approved by the Minister of Health and submitted to the Cabinet. Following national elections in late 2000, the newly elected government reviewed the draft policy during 2001 and requested for POLICY assistance in facilitating the process. The goal of POLICY Project assistance in Ghana is to assist the government in finalizing the National HIV/AIDS and STI Policy and to increase the level of political and popular support for its implementation. POLICY's strategy is to support the efforts of the MOH National AIDS Control Program (NACP) and the Ghana AIDS Commission (GAC) to achieve public and private sector consensus on a final national policy and to identify the need for and propose to the Cabinet any necessary enabling legislation. POLICY will also support the efforts of the NACP and GAC to disseminate the policy and to use the updated AIM and revised HIV/AIDS booklet in raising awareness among elected officials, the business community, and other audiences at national and subnational levels. The Mission has also asked POLICY to assist the MOH in developing policy guidelines for reproductive tract infections (RTIs) following a study on the issue. POLICY will engage a consultant with expertise in policy analysis, provide financial support for meetings and workshops, and support the dissemination of the final guidelines.
Staff
Country Manager: Norine C. Jewell Local Staff: Benedicta Ababio Consultants: Kate Parkes and David Logan
Funding
Funds remaining (as of 6/15/02): \$ 65,464 Anticipated FY02 funds: \$140,000
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH and HIV/AIDS services</p> <ul style="list-style-type: none"> • Support the MOH process in obtaining final presidential approval of the National HIV/AIDS and STI Policy • Support the MOH in producing ministry-approved policy guidelines on RTIs <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide support to the NACP, including TA, financial assistance, and training in the use of the HIV/AIDS presentation and booklet to conduct awareness-raising activities, advocacy, and policy dialogue among elected officials, the business community, and other audiences at national and subnational levels <p>IR2. Planning and financing for FP/RH and HIV/AIDS improved</p> <ul style="list-style-type: none"> • Assist the NACP and GAC in facilitating input from key stakeholders into the draft national HIV/AIDS policy before submitting a final draft to the minister • Provide TA to the MOH to draft policy guidelines on RTIs using the results of a recent study and facilitating input from key stakeholders in the public and private sectors

KENYA

Strategy
<p>Kenya is experiencing a devastating HIV/AIDS epidemic, a possible slow down in its FP program, rising numbers of unsafe abortions, high and possibly rising maternal mortality and morbidity, rising infant and child mortality, deteriorating financial and human resources for health services, economic decline, and growing poverty. In response, POLICY's strategy is to strengthen and improve information, advocacy, policy formulation, and policy implementation for FP/RH and HIV/AIDS, including prevention, care, and mitigation; and to strengthen the MOH's capacity to increase health sector revenue recovery (under Kenya's health sector reform and cost-sharing program) and remove key operational barriers to efficiency, effectiveness, and equity in the delivery of FP/RH, HIV/AIDS, and other health services. To implement its strategy, POLICY is working with a wide range of governmental, nongovernmental, and civil society stakeholders and interest groups at the national, provincial, district, and community levels.</p> <p>In FP/RH, POLICY's assistance focuses on achieving a renewed, high-level commitment to FP in the era of HIV/AIDS, developing and improving national policies and strategies, and building support and capacity for PAC services at district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacities of governmental organizations and NGOs and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. POLICY provides assistance to the police and military, faith-based organizations (FBOs), and organizations of PLWHA; and on priority issues such as orphans, youth, gender, law, and human rights. POLICY is also promoting the mobilization of additional financial resources through strengthening health policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary health care services.</p>
Staff
<p>Country Manager: Jim Kocher</p> <p>Local Staff: Angeline Siparo (Country Representative and Director, HIV/AIDS/FP/RH Program), Wasunna Owino (Director, Health Finance and Policy Program), Julie Odhiambo, James Mbanda, Alice Wanjuu, Saleh Chebii, Grace Akengo, and Agnes Amakove</p> <p>Consultants: Colette Aloo-Obunga, Sopiato Likimani, Lewis Odhiambo, George Rae, Benjamin Nganda, Germano Mwabu, Julius Korir, Paul Otiende Amollo, Eileen Mairua, and Paul Krystall</p> <p>Affiliated Staff: Leah Wanjama, John Stover, Steven Forsythe, Shawn Aldridge, and Robert Ssengonzi</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 901,739</p> <p>Anticipated FY02 funds: \$1,700,000</p>
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS</p> <ul style="list-style-type: none"> • Provide TA toward the government's adoption of FP/RH/HIV/AIDS policies and guidelines as outlined under IR2 below • Increase funding for health services by mobilizing institutional support from the National Hospital Insurance Fund (NHIF) and community financing schemes <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Produce advocacy materials to increase support of FP/RH/ HIV/AIDS and implementation of policies/programs, including (1) Kenya FP Achievements and Challenges report and presentation; (2) National AIDS Control Council (NACC) policy advocacy documents; (3) World AIDS Day briefing kit; (4) sector-specific policy briefs for several ministerial AIDS Control Units (ACUs); and (5) training curriculum on Gender and HIV/AIDS • Advocate for government and community support for provision of PAC services by nurses

Kenya (cont.)

- Strengthen the institutional capabilities of Constituency AIDS Control Committees (CACCs) to plan and coordinate HIV/AIDS activities at the community level; Network of People Living with HIV/AIDS in Kenya (NEPHAK) to coordinate and assist PLWHA organizations develop plans and programs; and Inter-religious AIDS Consortium (IRAC) to coordinate its activities
- Expand and strengthen NEPHAK, IRAC, and the Media and HIV/AIDS Coalition; and empower them to conduct a national anti-stigma campaign

IR2. Planning and financing for FP/RH improved

- Develop FP/RH and HIV/AIDS policies and guidelines, including (1) National Contraceptive Policy and Strategy for 2002–06; (2) AIDS Home-based Care Policy Guidelines; (3) Gender and HIV/AIDS Policy and Strategy; and (4) National Orphans and Vulnerable Children Policy and Program Guidelines
- Develop the Contraceptives Commodities Procurement Plan for 2003–05
- Develop and implement FP Pricing Guidelines that improve financial access to services in selected public hospitals and clinics for poor/underserved populations
- Develop/update health sector cost-sharing policies and guidelines
- Assist the NACC with costing, resource analysis, and decision making using the GOALS Model
- Develop HIV/AIDS policies and programs in the police force and assist the Department of Defense in developing a long-term policy and strategy for its HIV/AIDS program
- Develop policy guidelines on efficient and effective use of cost-sharing revenues based on analysis of impacts of cost sharing on poverty and efficiency and quality of health services
- Put in place mechanisms to improve efficiency in the collection of cost-sharing revenue and NHIF reimbursements in public hospitals
- Strengthen the health Financial Information System (FIS) for better planning and implementation to increase cost recovery for health services and to improve resource allocation
- Support the Nairobi Health Management Board to develop a viable financing plan and strategy for facilities within the city
- Assist two institutional members of IRAC to produce strategic plans

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Produce information and conduct analyses for (1) the HIV/AIDS Policy and Program Index for 2002 and compare findings with those from 1998 and 2000; and (2) a report to supplement the 2001 AIDS in Kenya book with HIV/AIDS data for 2002–03
- Assist the MOH's National AIDS and STDs Control Program (NASCO) in analyzing and disseminating sentinel surveillance and other HIV/AIDS data (in collaboration with the Centers for Disease Control (CDC) and UNAIDS)
- Assist in planning the 2003 Kenya DHS and the 2003 Joint HIV/AIDS Program Review
- Provide information to NACC, the Attorney General's Office, and the Parliamentary Health Committee to prepare bills and amendments to implement the recommendations of the HIV Legal Task Force

IR4. In-country/regional capacity to provide policy training enhanced

- Support training/capacity building for several ACUs to mainstream HIV/AIDS advocacy programs into government operations and functions; and KANCO to train key stakeholders/institutional members
- Build the MOH's technical capacity in policy and reform processes and for implementing the cost sharing program
- Conduct/support health planning and budgeting courses in local institutions
- Strengthen and institutionalize POLICY's internship and short-term training programs

MALAWI

Strategy
In Malawi, POLICY's objective is to promote human rights and multisectoral participation, including the active participation of PLWHA, in the development, adoption, and implementation of a comprehensive national HIV/AIDS policy. POLICY is accomplishing this by working with and through the National AIDS Control Commission (NAC) and the Malawi Network of People Living with HIV/AIDS (MANET). POLICY is providing TA, training, and other support to the NAC and a multisectoral policy advocacy committee to shepherd the policy through the development, advocacy, and parliamentary review and approval stages. At the same time, POLICY is supporting MANET with TA, training, and other resources to build its capacity in policy analysis, advocacy, research, and networking, and to facilitate the network's active involvement in the national HIV/AIDS policy development process. With POLICY assistance, MANET will work to ensure that the national HIV/AIDS policy contains language supportive of PLWHA in combating HIV-related stigma and discrimination, and then advocate for its approval. The 2001 United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS, and other human rights tools to which Malawi is a signatory, will provide the framework for the work carried out by the NAC, MANET, other Malawian counterparts, and POLICY.
Staff
Country Manager: Shawn Aldridge Consultants: Gautoni Kainja and Ndalama George Liomba Affiliated Staff: Leah Wanjama, Danielle Grant-Krahe, Karen Hardee, Lane Porter, Robert Ssengonzi, Rita Chilongozi, and Robert Hollister
Funding
Funds remaining (as of 6/15/02): \$575,981 Anticipated FY02 funds: \$ 0
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH and HIV/AIDS services</p> <ul style="list-style-type: none"> • Provide support to the NAC and key stakeholders in developing, disseminating, and advocating for the adoption of a comprehensive national HIV/AIDS policy through a consultative and participatory process <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Work with MANET in carrying out its advocacy strategy, addressing the effects of HIV-related stigma and discrimination, and actively participating in the national HIV/AIDS policy development process • Build support for national and sector-specific HIV/AIDS policies and programs among elected leaders, civil society groups, religious organizations, private sector, and others through the NAC policy process <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA to key ministries in analyzing existing sector-specific HIV/AIDS policies to identify areas needing harmonization with the national HIV/AIDS policy • Develop a national HIV/AIDS policy for submission to Parliament for review and adoption <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Assist the NAC, MANET, and other counterparts in using POLICY-supported data, research, and other information in policy and program advocacy and planning • Assist the Reproductive Health Unit (RHU) and other RH stakeholders in using FP/RH user and resource needs projections for advocacy and implementation of the national RH program and policy

MALI

Strategy
<p>Mali's HIV/AIDS prevalence is among the lowest in the region at 1.7 percent. However, the President and Minister of Health are actively engaged in awareness raising and policy dialogue at national and subnational levels aimed at keeping the prevalence low. In the area of FP, Mali has a low modern contraceptive prevalence rate and high unmet need, and there is little overt policy resistance to expanded FP services. However, there is weak expressed commitment to FP among central and local officials who are in command of a substantial portion of resources under Mali's decentralized system. Finally, Mali's nutrition indicators are poor, but the new Nutrition Division of the MOH has not yet mobilized support and resources among stakeholders and decision makers, especially at subnational levels, to operationalize the nutrition component of the national plan.</p> <p>POLICY's program in Mali is aimed at strengthening programs in HIV/AIDS, FP, and nutrition. In the area of HIV/AIDS, POLICY will support the awareness-raising efforts of the president and minister through advocacy TOT and materials development. These materials will include an AIM-generated HIV/AIDS booklet and presentation to strengthen the advocacy capabilities of counterparts. The strategy for expanding access to and use of FP services is to support a widespread advocacy campaign using the application of RAPID to develop a presentation on population and FP in Mali. POLICY will also assist counterparts to use the presentation effectively in awareness raising. The strategy for elevating nutrition on the national agenda is to help the MOH strengthen its public-private and multisectoral approach, update its nutrition strategy, and strengthen the use of an updated PROFILES presentation to raise awareness of nutrition issues among decision makers.</p>
Staff
<p>Country Manager: Norine C. Jewell Local Staff: Modibo Maiga Regional Staff: Martin Laourou and Allé Diop Affiliated Staff: Danielle Grant-Krahe</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 23,132 Anticipated FY02 funds: \$650,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide advocacy TOT in HIV/AIDS, FP, and nutrition for ministry officials and NGOs using presentations based on AIM, RAPID, and PROFILES • Provide TA, materials design, and financial support for structured policy dialogue and advocacy events in HIV/AIDS, FP, and nutrition to civilian and military officials at national and local levels, parliamentarians, NGOs, and traditional and community leaders <p>IR2. Planning and financing for FP/RH and HIV/AIDS improved</p> <ul style="list-style-type: none"> • Assist the MOH in updating its Nutrition Action Plan through a multisectoral, public-private sector committee <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Assist the MOH in conducting a participatory application of the RAPID Model and in preparing an analytical report and presentation • Assist the MOH in updating the PROFILES Model and in strengthening the presentation <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Develop curricula on RH and HIV/AIDS policy analysis and advocacy for use in other training institutions

MOZAMBIQUE

Strategy
<p>The early years of formulating a national response to HIV/AIDS in Mozambique were characterized by lack of a consensus and infighting about the dimensions of the epidemic. Consequently, POLICY's strategy during Years 1 and 2 was to develop local capacity to analyze and disseminate HIV-sentinel surveillance data and HIV/AIDS projections (IR4) and to provide policy training and the use of relevant, accurate, up-to-date information in policy development (IR3). The result was a broad consensus on the national figures, from the highest political levels to civil society, and their incorporation into planning and advocacy documents.</p> <p>During Year 3, POLICY will work on broadening and strengthening local capacity to generate and use new surveillance data and HIV/AIDS projections for program decision making. Based on discussions with the Mission regarding the use of funding, activities in Mozambique will expand to other areas of the POLICY portfolio, including outreach and advocacy and working with private companies.</p>
Staff
<p>Country Manager: Karen Foreit Local Staff: Henriqueta Tojais</p>
Funding
<p>Funds remaining (as of 6/15/02): \$107,888 Anticipated FY02 funds: \$550,000</p>
Proposed Activities
<p>IR1. Political and popular support for HIV/AIDS broadened and strengthened (subject to funding)</p> <ul style="list-style-type: none"> • Provide outreach to civil society organizations, including PLWHA, and provincial National AIDS Council (NAC) and ministerial nuclei to raise awareness of HIV/AIDS levels and impacts • Provide TA in using information for local communication and advocacy efforts <p>IR2. Planning and financing for HIV/AIDS improved (subject to funding)</p> <ul style="list-style-type: none"> • Support NAC reformulation of the National Strategic Plan by collaborating on commissions; technical resource for application of the GOALS Model • Assistance to private employers to analyze how HIV/AIDS is affecting their businesses and develop operational policies and strategic plans to address the anticipated challenges (adopted policies will indicate achievement of POLICY SO) <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Collaborate with the technical group, CDC, and the MOH to finalize new HIV-prevalence projections based on the expanded 2001 sentinel survey • Provide TA to the technical group on new prevalence projections and a new statistical publication • Develop a dissemination strategy with the technical group to promulgate the new projections • Long-term Advisor (LTA) will continue to participate in planning and implementation meetings of the NAC, as requested by USAID/Maputo and the NAC <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Strengthen the intersectoral technical group with training in EPP, the new version of AIM, PMTCT, and GOALS • Assist the technical group and the Faculty of Medicine at the Eduardo Mondlane University to incorporate AIM materials into existing curricula and to make known new student internships among research assistants affiliated with the technical group

NIGERIA

Strategy
<p>The national adult HIV-prevalence in Nigeria has been rising steadily since 1990. It currently stands at 5.8 percent. In terms of the number of people infected with HIV, Nigeria ranks third on the African continent. Nigeria also has a high total fertility rate (TFR), estimated between 5.2 and 6.0. Use of modern contraceptive methods remains low at 9 percent. Despite the serious FP/HIV/AIDS situation, Nigeria has an existing infrastructure of governmental and nongovernmental organizations that are responding to these challenges; however, they need more technical, financial, and policy support.</p> <p>The POLICY Project is working to increase political and popular support for high-quality HIV/AIDS and FP/RH services and to improve the planning and financing of such services. To achieve these objectives, the project is working with a wide range of stakeholders and interest groups through a multisectoral approach. Stakeholders include federal government ministries and parastatals, selected state governments, NGOs and NGO networks, and faith-based organizations. POLICY is actively providing support to the development of HIV/AIDS policies in the civilian and military populations. Development of a national population policy is also underway with POLICY's support. Crosscutting issues such as young adult reproductive health (YARH) are a part of POLICY's programmatic focus in Nigeria. POLICY is working with stakeholders to develop a strategic plan for HIV/AIDS, adolescents, and young adults, as well as conducting research on the effects of HIV/AIDS on adolescents and young adults. POLICY uses advocacy and networking strategies, projection models, and current information for addressing the FP/HIV/AIDS policy issues in Nigeria.</p> <p>With core funding, POLICY is implementing a package that will use the full range of POLICY tools and strategies in a single state in Nigeria in support of YARH. Activities are aimed at having the Nigerian state government approve a statewide YARH strategic plan and increase funding for YARH in the state.</p>
Staff
<p>Country Manager: Scott Moreland Local Staff: Jerome Mafeni, Charity Ibeawuchi, Tessy Effa, Tunde Afuwape, Tessy Ochu, and Mary Arigo Consultants: Sylvia Adebajo, Kris Peterson, Ojengbede Akanbi, Olatubosun Obileye, and Stella Iwuagwu Affiliated Staff: William Emmet, Nancy Murray, Doug Willier, Dennis Chao, Robert Ssengonzi, Danielle Grant-Krahe, Koki Agarwal, Kirsten Olson, Sumi Subramanian, and Rebekah Davis</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 382,414 Anticipated FY02 funds: \$2,505,000</p>
Proposed Activities
<p>SO. National policies and plans promote and sustain access to high-quality FP/RH and HIV/AIDS services</p> <ul style="list-style-type: none"> • Provide TA to the National Action Committee for AIDS (NACA) in developing and adopting a national HIV/AIDS policy • Provide TA to the Federal Ministry of Health (FMOH) in developing and adopting a national RH strategy • Provide TA to the Ministry of Labor in reviewing and finalizing a national HIV/AIDS workplace policy • Provide assistance to the military in adopting a revised military HIV/AIDS policy • Provide TA to the Interfaith Agency for the Control of HIV/AIDS in Nigeria (IFACHAN) in developing an interfaith HIV/AIDS policy • Provide TA to the Edo State government in developing and adopting a YARH strategic plan

Nigeria (cont.)**IR1. Political and popular support broadened and strengthened**

• Support an awareness-raising and sensitization campaign on human rights issues of PLWHA
Support IEC activities in the media and improvement of quality of media reporting

- Provide training and TA for NGO networks in FP/RH, HIV/AIDS, PLWHA, and YARH
- Provide TA to the Armed Forces Program in AIDS Control (AFPAC) in awareness raising in the military
- Provide TA to the National Planning Commission and National Program on Immunization in awareness raising on RH and HIV/AIDS issues, including child survival
- Provide TA and training for National Population Commissioners on population dynamics
- Support advocacy for YARH strategies in the state of Edo (core package)

IR2. Planning and financing for FP/RH and HIV/AIDS services improved

- Train on resource allocation and cost effectiveness of HIV/AIDS interventions
- Provide TA to the Ministry of Women's Affairs and Youth Development in developing a national OVC strategy
- Provide TA in developing a monitoring and evaluation plan for a national HIV/AIDS program
- Provide TA to FMOH in developing a national RH strategic plan
- Provide TA in developing three to four state-level, HIV/AIDS action plans
- Provide GOALS Model application with NACA, FMOH, and stakeholders
- Provide TA to NACA and FMOH for proposals to Global Fund on HIV/AIDS, TB, and Malaria
- Provide TA to AFPAC for advocacy to top military hierarchy for improved funding for HIV/AIDS
- Provide TA to FMOH in estimating FP resource requirements, including contraceptive security strategy (FamPlan application)

IR3. Accurate, up-to-date, and relevant information informs policy decisions

- Finalize and disseminate findings from AIM
- Launch and disseminate findings from the RAPID/Nigeria Model
- Support a national research network for HIV/AIDS
- Support two HIV/AIDS and one YARH cost-effectiveness studies
- Conduct nationally representative study of PLWHA's access to medical care
- Support studies on market segmentation and cost of FP
- Provide TA and research support for HIV/AIDS impact studies

REDSO/ESA

Strategy
<p>The USAID Regional Economic Development Services Office (REDSO/ESA) works to strengthen, make use of, and link East and Southern Africa (ESA) regional institutions to meet shared, multisectoral regional needs. Health outcomes in ESA have seriously deteriorated in the past decade with a rise in maternal mortality rates and a fall in child health indicators. TFRs have not declined as projected. ESA is at the epicenter of the HIV/AIDS epidemic. The POLICY Project assists REDSO with its objective of enhancing the capacity of the region to improve its health systems.</p> <p>POLICY's strategy is to collaborate directly with the senior staff of the Commonwealth Regional Health Community Secretariat (CRHCS), which is an institution created by 14 ESA health ministries in efforts to strengthen health policies that address issues ranging from FP/RH to nutrition to communicable diseases such as HIV and tuberculosis. POLICY works particularly with CRHCS Health Program Coordinators and selected country counterpart staff of ministries to build their capacities for problem identification and formulation and advocacy of health program interventions based on evidence; and develop health policy briefs and advocate for appropriate program interventions to key decision makers.</p>
Staff
<p>Country Manager: Joseph Deering Affiliated Staff: William McGreevey, Steven Forsythe, John Ross, Wasunna Owino, and Jim Kocher</p>
Funding
<p>Funds remaining (as of 6/15/02): \$314,692 Anticipated FY02 funds: \$200,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Implement second component in health policy advocacy activities with senior CRHCS staff and country counterparts from health ministries to consolidate the Regional Health Policy Advocacy Network and to foster implementation of health policy advocacy activities. This component is to be implemented in three to four subregional forums to tailor advocacy activities around local and regional needs and responses. <p>IR2. Planning and financing for FP/RH and HIV/AIDS improved</p> <ul style="list-style-type: none"> Facilitate a series of exchanges via meetings and workshops between senior CRHCS staff, selected country counterparts, REDSO, and POLICY on the effects of health sector reform, how health programs receive funding, and how to make programs visible to those who make funding decisions, with key persons from regional health sector reform steering committees and other cooperating agencies supported by REDSO funds. <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Provide TA to assist senior CRHCS staff in drafting policy briefs on FP, contraceptive security, VCT, and human resource development/capacity building (HRD/CB). These briefs will be designed to be useful to high-level decision makers, health policy advocates, and opinion molders. Development of the briefs will be based on the best international and regional scientific evidence summarized in a clear and succinct fashion. <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Assist joint workshop held by the East, Central, and Southern African College of Nursing (ECSACON) and CRHCS's program in HRD/CB for a cross-section of stakeholders supportive of nursing and midwifery to examine issues that can be addressed through appropriate policies, advocacy, and capacity building. Train senior CRHCS staff in selected models in the SPECTRUM System of Models, possible at a regional institution such as Makerere University.

SOUTH AFRICA

Strategy
The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; facilitating effective planning for HIV/AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations and institutions working in HIV/AIDS. With core funds, POLICY is also implementing a core package to reduce stigma and discrimination against PLWHA.
Staff
Country Manager: Nikki Schaay Local Staff: Sylvia Abrahams, Caroline Wills, Melanie Judge, Anna van Esch, Solly Rasego, Rene Petersen, Olympia Vumisa, and Gift Buthelezi Consultants: Saadiq Kariem, Rose Smart, Norman Letebele, Musa Njoko, Abigail Dreyer, Kitty Barrett Grant, Karena du Plessis, Ramogotsi Motang, Busi Makhanya, Colin Jones, Anne Strode, Clayton Lillienfeldt, Derrick Fine, Kerry Irish, and Carey Bremridge Affiliated Staff: Kevin Osborne and John Stover
Funding
Funds remaining (as of 6/15/02): \$ 805,009 Anticipated FY02 funds: \$1,400,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide HIV/AIDS awareness and "mainstreaming" training to key stakeholders • Provide training on advocacy and workplace policy and program development to stakeholders • Facilitate the small-grants program for community-based organizations (CBOs) and NGOs, and for those training home-based and community caregivers <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA in strategic HIV/AIDS planning, monitoring, and evaluation for key stakeholders (e.g., the Department of Health and other national government departments, NGOs, local government structures, the civil-military alliance, faith-based communities, and organizations working with women and men) <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Ensure that the outcome of all research projects are incorporated into training and policy development sessions • Conduct research and training on the economic impact of HIV/AIDS, the impact of AIDS at the community level, and the outcome of the national and local governments' HIV/AIDS master and rollout training program • Prepare a report illustrating POLICY's work with local NGOs to incorporate HIV/AIDS in their development work, the disabled sector at a provincial level, and local hospices <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Provide TA in the development of specific curricula (such as the postgraduate HIV/AIDS management course run by the University of MEDUNSA/Stellenbosch); HIV/AIDS workplace policy and program manuals (such as the Department of Public Service and Administration); and capacity-building sessions for key stakeholders

TANZANIA

Strategy
<p>In Tanzania, POLICY will continue to work with partners in civil society and government to support momentum in addressing the national HIV/AIDS epidemic. Adult HIV prevalence is estimated to be between 8 and 16 percent. In late 2002, there should be a new baseline that will help clarify and build consensus on the burden of the epidemic.</p> <p>Since 2001, there has been a reinvigorated approach on the part of government and civil society in seriously addressing the epidemic. The formation of the Tanzanian AIDS Commission (TACAIDS), along with increased open dialogue about the epidemic, has resulted in the creation of several civil society groups and networks to further the debate and direct action. POLICY will work with the Tanzania Parliamentarian's AIDS Coalition (TAPAC) to assist with its mission to mobilize members of Parliament (MPs) around the AIDS issue at the national and district/constituency levels. POLICY's strategy also rests on supporting the establishment and of a national network of PLWHA organizations (TANEPHA) and development of its first-year workplan, and the recently formed Advocacy Network for AIDS in Tanzania (ANAT) and its advocacy activities. POLICY will continue to support the National Islamic Council (BAKWATA) in the dissemination of its national AIDS policy statement as well as the Anglican Church of Tanzania (ACT). POLICY will support the ACT HIV/AIDS coordinator in assisting the dioceses to develop their strategies for addressing the epidemic.</p> <p>POLICY will work with the Ministry of Justice and the Womens' Lawyers Association (TAWLA) and TACAIDS to complete an analysis of HIV/AIDS legal issues and provide assistance to elements of civil society to be engaged in the discussion. These activities should result in law reform that protects the human rights of those affected and infected by HIV.</p> <p>POLICY will work with its recently expanded local staff to support their increasing role in the management of the program.</p>
Staff
<p>Country Manager: Charles Pill</p> <p>Local Staff: Betty Jayne Humplick, Maria Tungaraza, and Charles Gondwe</p> <p>Consultant: A.I. Kimambo</p> <p>Affiliated Staff: Steve Forsythe, Leah Wanjama, Karen Foreit, John Ross, and Megan Noel</p>
Funding
<p>Funds remaining (as of 6/15/02): \$633,038</p> <p>Anticipated FY02 funds: \$839,953</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA and funding to mobilize and support key civil society organizations (including PLWHA and FBOs) to identify their own roles in the national response and foster increased dialogue and advocacy • Assist in disseminating the National AIDS Policy and strategy with civil society and TACAIDS <p>IR 2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Review and reform laws and regulations affecting HIV/AIDS programs and infected individuals affected by them through legal analysis and review with TAWLA and the Ministry of Justice and Constitutional Affairs • Assist in budgetary review of HIV/AIDS in the national multisectoral response and provide support to TACAIDS in resource allocation for the national strategy <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Support TAPAC in mobilizing MPs to ensure information informs debate and policy/program formulation at national, regional, and district levels through material development, briefings, and fact-finding missions

Tanzania (cont.)

- Review workplace policy development and facilitate strategy sessions with key private stakeholders. Activities will focus on a number of apex/umbrella organizations
- Assist in popularization and dissemination of the National AIDS Policy
- Develop national and district indicators for USAID's Performance Monitoring Plan (PMP) on HIV/AIDS and reproductive and child health

IR4. In-country, regional capacity to provide policy training enhanced

- Support recently hired staff to take on more responsibility and training

UGANDA

Strategy
<p>USAID/Kampala is in the process of putting in place its new country strategy for 2002–2007 through various mechanisms. During this transition period, the Mission has provided field support for POLICY to continue activities that promote a vigorous nationwide dialogue on population and RH, building on the foundation laid by the dissemination of RAPID-based information over the past year. POLICY's strategy is to reinforce the leadership of the Population Secretariat (POPSEC) at both national and district levels through (1) use of District Population Officers (DPOs); (2) support for the emerging alliance of CSOs that have undertaken adolescent RH advocacy efforts at national and district levels; and (3) support for POPSEC in strengthening the role of parliamentarians in improving the policy environment.</p> <p>USAID/Kampala has also requested POLICY assistance in developing community- and faith-based activities through the Inter-Religious Council of Uganda (IRCU) for people affected by HIV/AIDS. POLICY's strategy is to provide TA to the IRCU to enable it to manage a grants program for an OVC initiative. POLICY will provide assistance to the IRCU in each step of the process (i.e., soliciting applications, determining and evaluating grant criteria, reviewing applications, setting up the selection committee, awarding and dispersing funds, tracking grant use, and meeting reporting requirements).</p>
Staff
<p>Country Manager: Norine C. Jewell Local Staff: John Kabera and Grace Nagendi Affiliated Staff: Leah Wanjama, Tom Goliber, Danielle Grant-Krahe, and Melanie Judge</p>
Funding
<p>Funds remaining (as of 6/15/02): \$414,822 Anticipated FY02 funds: \$750,000</p>
Proposed Activities
<p>IR1: Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support POPSEC with TA, training, and financing to carry out policy dialogue and advocacy at the national level and through DPOs at subnational levels, incorporating the use of the RAPID-based presentation "Uganda: Population, Reproductive Health, and Development" • Provide TA and minigrants to the IRCU to conduct national and district-level advocacy and expand active membership • Provide TA in strategic planning, grants program management, and financing for minigrants to the IRCU to develop, manage, and evaluate a small-grants program for community- and faith-based organizations to undertake activities in support of OVC <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Support POPSEC district capacity building in policy analysis and advocacy through training for members of the district planning team (including DPOs) and selected NGOs <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Develop and implement training in policy analysis and advocacy at the district level, using secondary analysis of the DHS and the SPECTRUM System of Models as planning tools

WARP (WEST AFRICA REGIONAL PROGRAM)

Strategy
<p>In the WARP region, POLICY supports the activities of Le Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD), which serves nine countries of the Sahel Institute; and the Family Health and AIDS (FHA) Project, which serves four priority countries, one of which (Burkina Faso) overlaps with CERPOD. Support for CERPOD centers primarily on the 1997 Ouagadougou Plan of Action (OPA), which implements the ICPD <i>Programme of Action</i> in the Sahel. An OPA+5 Conference is scheduled for this year. Support for the FHA region centers primarily on helping counterparts conduct policy dialogue and advocacy on HIV/AIDS, using information generated by the AIDS Impact Model (AIM).</p> <p>In view of the large number of countries to be covered by this regional project, POLICY's strategy is to strengthen the advocacy skills and the level of understanding of RH and HIV/AIDS issues among counterparts in the executive and legislative branches and in civil society through a series of regional workshops and minigrants. POLICY's strategy is to maintain a basic technical capability for the 12 countries of West Africa by supporting a team of three full-time staff based in Senegal and Benin. This skilled team provides TA and training and is assisted, as resources permit, by local consultants with a range of policy expertise. POLICY provides TA and training through regional workshops and provides TA in-country when POLICY team members are able to combine such work with regional-level work. Finally, POLICY provides minigrants to facilitate meetings among CERPOD networks of parliamentarians, NGOs, and journalists.</p>
Staff
<p>Technical Advisor: Norine Jewell Country Manager, CERPOD: Allé Diop (Senegal) Country Manager, FHA: Justin Tossou (Benin) Regional Advisor: Martin Laourou (Benin)</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 93,487 Anticipated FY02 funds: \$350,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Assist CERPOD to plan, implement, and follow up OPA+5, including development of the conference agenda, presentation of policy issues during the conference, and preparation of the final report and recommendations • Provide TA and small grants for Sahelien regional and national networks among parliamentarians, NGOs, and journalists to conduct preparatory meetings for OPA+5 as well as to continue their advocacy plans • Respond to requests by CERPOD to assist with SPECTRUM training programs, model applications, and development of presentations and dissemination plans for its member countries • Conduct a capacity-building workshop for FHA countries and four USAID presence countries to help participants integrate the results of the regional AIM into policy analysis and dialogue and use the regional HIV/AIDS presentation effectively in developing their advocacy strategies. In order to permit more participants from a wider range of public and private sector organizations, POLICY will conduct two workshops and invite at least four countries to each • Conduct a workshop on HIV/AIDS policy issues for parliamentarians, carried over from Year 2 because of elections in several countries, to help parliamentarians identify and discuss their role in filling policy gaps on critical HIV/AIDS issues in their respective countries

ZAMBIA

Strategy
<p>Zambia is the heart of the African AIDS belt. Adult HIV-prevalence is estimated in the 19–20 percent range. Moreover, health sector decentralization means that much of the continued response to the epidemic will be determined at district and community levels.</p> <p>USAID has designated Zambia as one of its rapid scale-up countries in Africa. As such, the Mission is striving to coordinate a large program with many actors. USAID is working to ensure that each of the CAs active in Zambia has a well-defined sphere of activity, to ensure that each group adds value to the overall program, and to avoid duplication with other donor efforts. Accordingly, USAID has assigned POLICY three broad thematic areas: policy models for policy dialogue and planning; support for the multisectoral effort; and human rights. POLICY has a strategy/workplan team visiting Zambia in late June to design a program in support of each of these assigned themes. The guiding strategy is to design a program that is consistent with the national policy and strategic plan and with the USAID global and mission strategies.</p>
Staff
<p>Country Director: Robie Siamwiza Local Staff: Suzanne Matale Affiliated Staff: Anne Eckman, Tom Goliber, Lane Porter, and Rose Smart</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 5,533 Anticipated FY02 funds: \$1,800,000</p>
Proposed Activities
<p>POLICY is sending a strategy/workplan team to Zambia in June 2002 for extensive consultations with Zambian counterparts, USAID and other donor staff, and representatives from the other CAs. This TDY will determine the actual activities to be undertaken by POLICY during the workplan period. Accordingly, the following are illustrative of the way thematic activities will contribute to IRs. These are illustrations only and not intended to anticipate the workplan.</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA to develop HIV/AIDS regional advocacy networks • Develop the advocacy capabilities of NGOs, including the Network of Zambian PLWHA (NZP+), as part of the human rights initiative <p>IR2. Planning and financing for FP/RH/AIDS improved</p> <ul style="list-style-type: none"> • Use AIM and GOALS Model to improve planning processes for HIV/AIDS <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Use AIM to synthesize and expand information—Zambia has a recent census, a recent sexual behavioral survey, a soon-to-be-released round of HIV sentinel surveillance data, and a forthcoming DHS—so that it can be used to inform policy dialogue and planning • Work with NZP+ to continue to provide information on HIV/AIDS-relevant human rights to inform legal policymaking <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • After opening an office and hiring staff, train these staff to take on policy training responsibilities

ASIA AND THE NEAR EAST

BANGLADESH

Strategy
<p>The goal of policy assistance in Bangladesh is to improve the policy environment for FP/RH programs. Assistance will focus on formulation and improving policies and plans that promote and sustain access to effective health service delivery among the needy. Toward this end, POLICY works to ensure that NGO and community involvement is broad-based for better services covering a larger clientele; builds consensus to increase resources for FP/RH programs; improves the ability of government planners and NGO managers to conduct rational and effective planning; and assists in the generation of accurate and timely information for meeting program requirements.</p> <p>One of the fundamental roles of POLICY/Bangladesh is to act as a facilitator between USAID and the government of Bangladesh (GOB) on all FP/RH related policy issues. POLICY also frequently advises USAID and the National Integrated Population and Health Program (NIPHP) partners in matters relating to high-level negotiations with the government, and, in most cases, directly talking with the government.</p>
Staff
<p>Country Director: Syed Shamim Ahsan Local Staff: Syeda Farzana Ahmed, Monica Mannan, M. A. Borhan, and Silvia Reshmin Affiliated Staff: Dennis Chao</p>
Funding
<p>Funds remaining (as of 6/15/02): \$200,075 Anticipated FY02 funds: \$350,000</p>
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Provide support, especially in the area of policy dialogue, for the implementation of the strategic agreement between USAID and the government of Bangladesh • Provide TA and policy dialogue support for the revision of commodity regulation <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Promote the role of NGOs in providing Essential Service Package (ESP) services. Under the NIPHP, both rural and urban health service delivery have been merged into the NSDP (NGO Service Delivery Program), which Pathfinder is implementing. POLICY will work closely with the NSDP on this activity • Assist with the privatization of behavioral change communication (BCC) activities <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Ensure, in consultation with the GOB, that funding for media resources for NIPHP is released in a timely manner, thus avoiding any disruption • Provide TA in the implementation of the ESP model for national and district planning budgeting <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Assist in developing and implementing a contraceptive security package • Facilitate an integrated logistics management system • Assist in establishing a research project on the use of Vitamin A for mothers <p>IR4. In-country/regional capacity to provide training improved</p> <ul style="list-style-type: none"> • Train USAID CAs in the use of the ESP model • Facilitate the HPSP training strategy within limitations of budget constraints

CAMBODIA

Strategy
POLICY will support USAID/Phnom Penh to create an improved and enabling policy environment for family health (FH) and HIV/AIDS programs and services through USAID's SO, <i>Increased use of high impact HIV/AIDS and family health services and appropriate health-seeking behaviors</i> . POLICY will undertake a number of the policy and advocacy activities within an integrated FH and HIV/AIDS framework. Specifically, POLICY will facilitate the creation of an enabling policy environment and will assist different role players (government, civil society organizations, faith communities, and private sector) to develop and implement effective FH and HIV/AIDS policies, strengthen collaboration among all sectors, encourage effective planning and broader participation, and increase the information used to inform policy and program development.
Staff
Country Manager: Felicity Young Local Staff: Misha Coleman, Im Phallay, Uy Chanton, and Nhem Thida
Funding
Funds remaining (as of 6/15/02): \$ 224,937 Anticipated FY02 funds: \$1,300,000
Proposed Activities
<p>IR1. Political and popular support for HIV/AIDS broadened and strengthened</p> <ul style="list-style-type: none"> Identify operational policy components of midwife/traditional birth attendant (TBA) partnerships and establish a policy framework to support expansion of partnerships models. Work with MOH technical working group on safe motherhood to improve the operational policy environment Improve the human rights and legal framework for women, PLWHA, and vulnerable children Facilitate faith-based advocacy to address stigma and discrimination using monks as policy champions Build capacity of national networks that have a policy formulation/advocacy mandate Encourage key public leaders to speak out in support of the GIPA principle Educate employers on the impact of HIV/TB on employers and companies and involve them in HIV-related forums Support the operationalization of appropriate policies on gender and HIV Document and share information and lessons learned at all levels, including HIV and TB linkages Expand application of models and RH tools for advocacy <p>IR2. Planning and financing for HIV/AIDS improved</p> <ul style="list-style-type: none"> Facilitate provincial level FH and HIV integrated strategic planning processes Support prioritization and costing of the National Safe Motherhood Plan Assess the impact of user fees on FH and develop appropriate responses <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Undertake policy analysis in the following areas: <ul style="list-style-type: none"> Legal and regulatory analysis of laws and policies that affect private sector delivery of RH services Market analysis to provide planners with information on market positioning Operational policy strengths and impediments to RH integration Safe motherhood and midwifery, training needs, and development of operational policies <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Capacity building of provincial-level policymakers in strategic and financial planning

EGYPT

Strategy
<p>The POLICY Project in Egypt supports USAID/Cairo's objective in the population/FP sector—to reduce fertility. To achieve this objective, coverage and quality of services offered by the Egyptian FP program are being expanded, and the program's institutional and financial sustainability improved. POLICY is helping by providing technical and financial support to Egyptian institutions in the development and presentation of FP/RH policy analyses; developing FP/RH financial analyses and presentations so that systematic attention can be given to sustainability issues; engaging in policy dialogue with relevant and influential government policymakers and institutions; and strengthening the ability of NGOs to engage in constructive policy dialogue and advocacy.</p> <p>The POLICY Project will directly support the Mission's new FP project, which is currently under development—Tahseen Sehetna Bi Tanzeem Usritna. POLICY will work closely with other CAS involved with the project, namely Catalyst and Measure. Many of POLICY's specific activities, as outlined here, are likely to change in the coming months as the workplan for the new project is developed. POLICY's activities will, in all likelihood, continue to revolve around implementing advocacy initiatives, supporting strategic and financial planning, developing policy-relevant information, and strengthening local government and NGO capacity to engage in the policy process.</p>
Staff
<p>Country Director: Mona Khalifa Local Staff: Mahasen Hassanin, Manal El-Fiki, Fatma El-Geel, Salah Abdel-Atty, and Hesham Abdalla Affiliated Staff: Jeff Sine, William Emmet, Anne Jorgensen, and Scott Moreland</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 63,619 Anticipated FY02 funds: \$500,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support the production and implementation of a youth advocacy plan • Assist the Aswan Coalition of NGOs working in FP/RH in providing women with appropriate FP/RH information • Advocate for the development and adoption of a contraceptive security strategy <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA to the Ministry of Health and Population (MOHP) in the development of a sustainability strategy • Work with the MOHP in the development of an alternative compensation program for its FP/RH providers • Provide TA to the MOHP in consolidating the governorate strategic plans • Provide TA to the MOHP in developing and implementing a monitoring unit within the MOHP, including an NGO mechanism <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Provide TA and financial assistance to appropriate counterparts in the use of evidence-based medicine (EBM) as a tool for policy change • Disseminate the contraceptive security study • Work with the MOHP to develop and disseminate policy-relevant studies <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Provide training to the MOHP in finance, planning, and partnership

INDIA

Strategy
The Mission's SO2 strategy in India is to improve access to, demand for, and the quality of RH services in northern Indian states, particularly Uttar Pradesh (UP), Uttaranchal, and Jharkhand. The Mission-funded Innovations in Family Planning Services (IFPS) Project in UP focuses on preparation of district action plans (DAPs), expanding successful interventions, and reviewing current RH strategies. In Uttaranchal and Jharkhand, activities supported by the Mission include formulation of health and population policies, manpower planning policies, and policy studies to help these states make informed decisions. POLICY is assisting the Mission in preparing operational plans for DAPs; evaluating projects to identify successful interventions; tracking progress on SO2 Indicators; formulating health and population policies and human resource policies; and conducting policy studies to encourage states to take informed decisions.
Staff
Country Director: Gadde Narayana Local Staff: K.M. Sathyanarayana, P.N. Rajna, Ashok Singh, Naveen Sangwan, Prabuddhagopal Goswami, Mitali Deka, and Alla Vaz Consultant: J.S. Deepak
Funding
Funds remaining (as of 6/15/02): \$2,378,783 Anticipated FY02 funds: \$ 250,000
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Seek approval for new state-level health and population policies <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Prepare integrated health and population policy for Uttaranchal and broaden and strengthen political support for it • Conduct workshops to identify health and population issues in Jharkhand, and build consensus for health and population policy for Jharkhand <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Assist the Jharkhand government in formulating and implementing health and population policy • Assist the Jharkhand government in formulating and implementing human resource policies and plans • Prepare implementation plans for DAPs and assist the State Innovations in Family Planning Services Agency (SIFSPA) in UP with DAP launches <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Conduct an SO2 Indicator Survey with a sample of 10,000 households in UP and disseminate the results to USAID, CAs, and IFPS Project implementing agencies • Publish and distribute health and population policy workshop proceedings in Uttaranchal and Jharkhand • Conduct policy studies for the Uttaranchal government in order for it to make informed decisions on policy implementation <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Revise policy-related curricula in at least two leading Indian institutions, and introduce and institutionalize new curricula

JORDAN

Strategy
<p>USAID/Amman has adopted as one of its SOs, <i>Improved access to and quality of reproductive and primary health care</i> (SO3). The POLICY Project will support this objective by increasing political support for favorable FP/RH policies; working with local institutions to identify barriers to improved FP/RH access and service and to advocate for policies to remove such barriers; developing recommendations to improve the financing of FP/RH programs; improving the planning capacity of institutions engaged in the FP/RH program; increasing participation of Jordanian women in the political process; and helping strengthen NGOs to engage in constructive policy dialogue and advocacy. Specifically, POLICY is promoting the adoption and dissemination of the revised National Population Strategy (NPS); increasing the awareness of and support for the NPS among members of Parliament, government policymakers, private sector, civil society organizations, NGOs, religious leaders, women's groups, and other key leaders; and developing a national Reproductive Health Action Plan (RHAP) to implement the NPS. In addition, POLICY is working closely with national Jordanian NGOs to enhance their capacity in building a network of women's groups that promotes participation in the RH policy process with special emphasis on gender, human rights, and adolescent issues.</p>
Staff
<p>Country Manager: Edward Abel Local Staff: Basma Ishaqat and Issa Al-Masarweh Affiliated Staff: William Emmet, Anne Jorgensen, Carol Shepherd, and Susan Richiedei</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 41,250 Anticipated FY02 funds: \$700,000</p>
Proposed Activities
<p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> Assist with the finalization and adoption of RHAP in support of the NPS <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Continue efforts to build and support the Jordanian Network for Reproductive Health Increase the capability of local institutions to conduct FP/RH awareness raising and advocacy Advocate to eliminate operational policy barriers to increased and improved service delivery Advocate for increased support for the revised NPS Advocate for increasing the level of funding for the FP/RH items in the national budget <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Provide TA to the government of Jordan in developing a strategy to address issues related to contraceptive security Identify alternatives to reduce FP/RH costs and the costs of implementation Train counterparts in costing FP/RH (collecting and analyzing data) <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Promote inclusion of FP/RH courses, curricula, and departments within various government and NGO institutions Initiate efforts to institutionalize policy training at local universities and institutes Provide strategic planning training to staff of the National Population Commission (NPC) and the National Council on Family Affairs (NCFA)

PHILIPPINES

Strategy
POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and both national and local community-based people's organizations and institutions in the design, implementation, and evaluation of policies and plans for resource mobilization and utilization for sustained political and financial support to population and FP/RH and HIV/AIDS policies and programs. The approach is premised on the fundamental elements of participatory and informed decision making, mobilization of civil society, enhanced private sector participation, and public-private sector partnerships in policy development, planning, and program implementation. POLICY/Philippines assistance is focused on multisectoral efforts aimed at gradually achieving sustained domestic financial support and improved FP/RH and HIV/AIDS services that ensure the health of Filipino families.
Staff
Country Director: Aurora Perez Local Staff: Ester Isberto, Vilma Aquino, Virna Buenaventura, Enrico Caja, Annabella Fernandez, Suzette Paraiso, Sheila Rejano, Estela del Rosario, Filipina Santos, and Juanito Soriano Consultants: Bienvenido Alano and Emilina Almario Affiliated Staff: Imelda Feranil, Susan Richiedei, and Carol Shepherd
Funding
Funds remaining (as of 6/15/02): \$626,209 Anticipated FY02 funds: \$300,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Advocate for increased local government unit (LGU) support for FP/RH in 12 sites • Advocate for increased LGU support for HIV/AIDS in eight sites • Conduct awareness raising for policymakers and other stakeholders on FP/RH and HIV/AIDS • Conduct an inventory of advocacy groups, individuals, activities, and advocacy models/tools • Develop a national strategy for national advocacy and monitoring of population bills • Develop advocacy materials to address HIV/AIDS stigma in the workplace • Provide TA in implementing an HIV/AIDS program in the workplace <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Provide TA to the government to operationalize strategic options for the Contraceptive Interdependence Initiative (CII) • Provide TA to the Department of Health (DOH) in developing improved FP operational guidelines <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Review DOH and LGU policies related to contraceptive security • Review the National FP Policy and its operational guidelines • Provide specific recommendations to the DOH based on outputs of the market segmentation study • Review policies and processes involved in reclassifying oral contraceptives as over-the-counter drugs • Continue the actuarial and cost-benefit study for inclusion of FP in the National Insurance Plan (NHIP) • Complete the study on risk behavior of MSM • Develop policy recommendations/revisions to the sanitation code <p>IR4. In-country/regional capacity to provide training enhanced</p> <ul style="list-style-type: none"> • Provide TA to the Provincial Advocacy Network (PAN) in the development and conduct of RAPID presentations

EUROPE AND EURASIA

RUSSIA

Strategy
While continuing support to the national Advocacy Network for Reproductive Health (Network), POLICY will focus on the development and advocacy efforts of five regional network branches. POLICY will diversify its advocacy training and TA to another civil society group, the newly formed All Russian Youth-Friendly Clinics Association. Pending USAID/Moscow's project review of its new HIV/AIDS strategy, POLICY may work with local partners to develop a multisectoral approach to addressing RH-related, HIV/AIDS policy advocacy. Further plans and staffing considerations are pending consultation with the Moscow Mission and confirmation of anticipated funding.
Staff
Country Manager: Anne Jorgensen Local Staff and Consultants: Katya Yusupova, Viktoria Sakevich, and Julia Andrianova Affiliated Staff: Nicole Judice and Lena Truhan
Funding
Funds remaining (as of 6/15/02): \$119,462 Anticipated FY02 funds: \$300,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide targeted support for the Network's sustainability strategy and offer training as identified in the strategy to enhance the Network's advocacy efforts (i.e., reproductive rights as human rights, presentation skills) • Provide the Network with TA as requested to publish a special RH edition of the Health Management Journal and conduct a dissemination workshop (based on a core-funded small grant) • Support publication of the Network's third newsletter, which focuses on RH, STIs, and HIV/AIDS • Facilitate the development, training, and advocacy efforts of five regional Network branches. Core funds provided initial small grants to February 2002 TOT workshop alumnae for providing network building and advocacy training for these branches; field support will fund follow-up assistance • Provide advocacy training and TA to All Russian Youth-Friendly Clinics Association <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Pending USAID/Moscow's approval of an RH-related HIV/AIDS activity, POLICY will train partners to use AIM output in policy advocacy and support multisectoral policy dialogue for awareness raising • Provide TA to develop advocacy materials based on the Maternal and Neonatal Program Index (funded by POLICY core funds) <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Seek to include advocacy modules in university-based courses

TURKEY

Strategy
<p>USAID is completing its final six months of phaseout in Turkey. During this time, the POLICY Project has been the only CA present in Turkey; all other CAs concluded work in March 2002. POLICY's final phase will focus on strengthening the sustainability of the public sector FP program through improved planning and finance. To ensure contraceptive self-reliance in the public sector, POLICY will continue its TA to help the MOH implement its targeting strategy in 12 selected provinces. By December, these provinces will be implementing the targeting strategy. In doing so, donations from FP clients will be collected in order to share costs and replenish stocks through the Health and Social Aid Foundation. In addition to rolling out the targeting strategy, POLICY will work at both provincial and central levels of the MOH to ensure that a monitoring and evaluation system is fully operational and is used to track activities and inform decision making. POLICY has been testing and refining the electronic-based system needed at the provincial level and is now focusing on a central-level system for the MOH/MCH/FP General Directorate (GD). POLICY will also help the MOH plan for a continual rollout of the targeting strategy beyond POLICY funding. An integral part of this plan will be to use health personnel from the provinces, where the targeting strategy is already firmly in place, to set up programs and mechanisms in nearby provinces. POLICY has been training and working with several provincial-level health care staff to ensure that adequate human resource capacity would be available to spread the initiative. Another vital aspect of POLICY assistance is to provide guidance for a pilot test procurement using donated funds. An ongoing part of POLICY work is to monitor the public sector budget process and support policy dialogue and internal government advocacy as necessary.</p>
Staff
<p>Country Director: Zerrin Baser Local Staff: Nurgan Giray Consultants: Fahrettin Tatar and Julide Ergin Affiliated staff: Sue Richiede and Jeff Sine</p>
Funding
<p>Funds remaining (as of 6/15/02): \$169,007 (core agreement) Anticipated FY02 funds: \$ 0</p>
Proposed Activities
<p>IR2. Planning and finance of FP/RH improved</p> <ul style="list-style-type: none"> • Set up targeting strategy/cost sharing mechanism in selected provinces • Ensure that the cost-sharing mechanism is working and revenues are used to purchase contraceptives and replenish the supply in the public sector • Ensure that the monitoring and evaluation system for targeting strategy is in place and being used at provincial and national levels within the MOH MCH/FP/GD • Monitor public sector budget processes and procurements <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Ensure that the POLICY Advocacy Training Manual is used in programs at the MOH International Training Center • Provide input to MOH training programs on contraceptive self-reliance

UKRAINE

Strategy
POLICY's goal in Ukraine is to strengthen the ability of the MOH and other partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve reproductive health service delivery. This is accomplished by providing technical and financial assistance to a range of stakeholders, including the MOH and local partners responsible for implementing, monitoring, and evaluating the NRHP; members of the Policy Development Group (PDG) who forward policy and programmatic issues relevant to the successful implementation of the NRHP, including recommendations to remove operational policy barriers; and the Ukrainian Reproductive Health Network (URHN) as it plans, implements, and evaluates its ongoing advocacy campaigns in support of funding and implementing the NRHP. Partners will use data from the MOH, CDC, and POLICY-supported analyses to inform policy and program decisions. In addition, to help control and mitigate the impact of HIV/AIDS in Ukraine, POLICY supports a synergistic set of activities to improve policies that increase access to quality RH services for HIV-positive women. These activities will be grounded in a human rights approach. With core funds, POLICY is also implementing a core package to eliminate operational policy barriers and strengthen the government's ability to set RH program priorities.
Staff
Country Manager: Monica Medrek Local Staff: Andriy Huk, Lena Truhan, and Oleg Semerik Consultant: Viktor Galayda Affiliated Staff: Anne Jorgensen, Kokila Agarwal, Anne Eckman, Lane Porter, and Nicole Judice
Funding
Funds remaining (as of 6/15/02): \$208,520 Anticipated FY02 funds: \$400,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen the URHN's advocacy for regular and sufficient NRHP financing at the local level • Support the URHN's advocacy campaigns to remove operational policy barriers • Support policy dialogue to improve existing HIV/AIDS policies related to reducing discrimination and stigma and improving RH services for HIV-positive pregnant women • Conduct policy dialogue and dissemination seminars for local health administrators and providers to inform them of policy changes and increase popular support • Conduct human rights orientation workshops to sensitize local staff and partners to these issues—specifically reproductive rights <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Support the PDG in developing recommendations to the MOH to remove operational policy barriers concerning inpatient RH care • Support the PDG in developing evidence-based recommendations to the Cabinet of Ministers to remove operational policy barriers concerning inefficiencies in the RH care system • Sponsor a priority-setting initiative to build the capacity of government authorities and NGOs to determine program and funding priorities in Kamianets–Podilsky <p>IR3. Accurate, up-to-date, relevant information informs policy decision</p> <ul style="list-style-type: none"> • Continue to conduct in-depth studies of select operational policy barriers to ensure that the PDG's recommendations to the Cabinet of Ministers are evidence-based • Conduct focus groups to determine problems HIV-positive women face accessing RH services • Conduct a legal review based on results from focus groups among HIV-positive women • Compare Ukraine's HIV laws to international norms and treaties to identify gaps • Develop reports and presentations using POLICY-sponsored study findings <p>IR4. Local capacity to develop policy analyses and provide policy training enhanced</p> <ul style="list-style-type: none"> • Provide local staff with TA and training in the policy process

LATIN AMERICA AND THE CARIBBEAN

GUATEMALA

Strategy
<p>In Guatemala, POLICY works to promote and take advantage of unprecedented government support for FP/RH, which manifested itself earlier last year when the MOH approved the National Reproductive Health Program (NRHP) (January 2001), Congress passed the Social Development Law (October 2001), and the Executive Cabinet approved the Social Development and Population Policy (April 2002).</p> <p>POLICY will continue to raise awareness and garner support among policymakers on FP/RH issues, with emphasis on FP, safe motherhood, human rights, and gender, and on maximizing access and quality. POLICY will update and facilitate the use of findings on several studies, such as medical barriers to accessing FP/RH services, maternal mortality baseline, policy environment, and the Family Health Survey (FHS) 2002, to convince decision makers and program managers of the need to improve national and operational policies and norms. POLICY will provide TA to the MOH for planning the implementation of the Social Development and Population Policy, including the increase of funding levels. With SEGEPLAN (Economic Planning Secretariat), the project will help develop the National Program on Social Development and Population and a diploma-level course on this issue. POLICY will continue to support and strengthen its local NGO counterparts and networks through TA, financial support, minigrants, and research. Specifically, POLICY will support individual NGOs and networks in implementing civic surveillance campaigns to monitor the implementation of commitments, such as the NRHP, Social Development Law, and Social Development and Population Law. POLICY will continue its collaboration with CDC in planning the FHS 2002. In preparation for the upcoming 2003 political change, POLICY will develop and implement an FP/RH electoral strategy in coordination with the Mission, CAs, and local partners. With core funds, POLICY is also implementing a core package to help develop and implement operational policies to reduce barriers to FP and support implementation of the national RH program.</p>
Staff
<p>Country Manager: Lucía Merino Local Staff: Claudia Quinto, Lilian Castañeda, and Miriam Rodríguez Consultants: Carlos E. Ríos and Elizabeth Quiroa Affiliated Staff: Norine Jewell, Patricia Mostajo, Mary Kincaid, Koki Agarwal, and Lane Porter</p>
Funding
<p>Funds remaining (as of 6/15/02): \$246,244 Anticipated FY02 funds: \$700,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Facilitate workshops/meetings with NGOs at national and subnational levels to support the formulation and implementation of a civil society strategy to monitor the implementation of official commitments on FP/RH Provide minigrants and TA to NGOs for advocacy and public information campaigns Provide TA to NGOs on policy analysis and its use in advocacy Facilitate policy meetings and presentations on FP/RH, human rights, safe motherhood, and gender to raise awareness and galvanize support among decision makers and opinion leaders, both in the public and private sectors <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> Provide TA to the Secretary of Planning and MOH to implement the Social Development Law and Policy Provide TA to the MOH, Guatemalan Social Security Institute (IGSS), Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), Association of Guatemalan OB-GYN (AGOG), and civil society groups to identify and implement policy changes

Guatemala (cont.)**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Conduct Policy Environment Study (third round)
- Collaborate with CDC and Del Valle University to carry out the FHS 2002
- Update SPECTRUM with FHS 2002 data, and participatory analysis and application to inform the development of the Population and Development Law
- Facilitate policy workshop on models for decision making
- Facilitate workshop on tools for using health survey data in planning and policy formulation
- Develop and disseminate information resources: POLICY/Guatemala bimonthly bulletin, policy research reports, information capsules for media, and presentations

IR4. In-country, regional capacity to provide policy training enhanced

- Co-sponsor two diploma-level courses: “Women’s Health,” with the Central American Institute of Nutrition (INCAP), MOH, IGSS, and supported by an inter-institutional committee and donors; and “Population and Development,” with SEGEPLAN, University of San Carlos, and the National Institute of Public Administration

HAITI

Strategy
The government sector in Haiti continues to be extremely weak, fulfilling its policy and planning roles only sporadically. There is uncertainty surrounding the long-term viability of even those policy activities that are successfully completed with POLICY assistance, such as the development of a national HIV/AIDS strategy. To address this weakness, POLICY's strategy is to build capacity in civil society, among NGO service providers financed by USAID, and among government counterparts at national and subnational levels. Specifically, POLICY will provide TA and financial support through minigrants to the nongovernmental sector to strengthen its capability to plan and mobilize resources for RH and HIV/AIDS; carry out advocacy and policy dialogue activities; collaborate with HS2004, the bilateral project, to strengthen operational policies and the advocacy capabilities of NGO service providers; and support public sector RH and HIV/AIDS policies and strategies including implementation of activities financed by the Global Fund and activities undertaken in partnership with the private sector.
Staff
Country Manager: Norine C. Jewell Local Staff: Laurent Eustache and Mireille Barolette Consultants: Guy Craan, Frantz Simeon, Eddy Genecee, and Eric Gaillard Affiliated Staff: Aguil Deng and Jeff Jordan
Funding
Funds remaining (as of 6/15/02): \$216,422 Anticipated FY02 funds: \$140,000
Proposed Activities
<p>The frequent disruptions in Haiti's central government led to changes and delays in POLICY's workplan, with the result that a substantial number of activities in Year 3 are carried over and will be supported with resources from Year 2.</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Participate on the oversight committee for the implementation of Global Fund activities in Haiti • Continue TA to the Ministère de Santé Publique et de la Population (MSPP), NGOs, and other stakeholders to formalize the National Committee on Reproductive Health • Provide TA and training to the nongovernmental sector including FODES-5, the Foundation for Reproductive Health and Family Education (FOSREF), Konesans Fanmi, Volunteers for Development of Haiti (VDH), and Fanm Soley Lever (FSL) to plan and implement advocacy activities <p>IR2. Planning and financing for FP/RH and HIV/AIDS improved</p> <ul style="list-style-type: none"> • Provide TA to FOSREF to develop a strategic plan • Subcontract with Konesans Fanmi to implement partnership with Ministry of Education to develop education sector plans in HIV/AIDS • Provide TA to the MOH to develop a plan for operationalizing the National HIV/AIDS Strategic Plan • Collaborate with UNFPA to plan for reducing maternal mortality <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Maintain and update population, RH, and HIV/AIDS database using SPECTRUM. Update AIM, pending availability of resources <p>IR4. In-country, regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Continue ongoing collaboration and training activities with local partners and NGOs

HONDURAS

Strategy
The current government in Honduras has been in office just six months. It is a conservative administration, and early indications are that it is unwilling to address FP/RH issues in any significant way. While the administration has publicly expressed its support for HIV/AIDS and appears favorable on MCH issues, government officials have been tentative in the area of FP/RH. POLICY's efforts in Honduras will consist of a strong information-based advocacy and policy dialogue component, along with capacity building for civil society organizations to build political and popular support for the continuation (and expansion) of FP/RH programs.
Staff
Country Manager: Mary Kincaid Consultants: Eric Gaillard
Funding
Anticipated FY02 funds: \$50,000
Proposed Activities
<p>POLICY will update the RAPID Model. During a TDY in August, POLICY staff initiated data collection for the model and formed an Advisory Group to provide input and feedback for the model's update. ASHONPLAFA and USAID will convene the Advisory Group periodically to review progress on the model, agree on key assumptions, and finally, to participate in the training on the use of the model and the delivery of the presentation to policymakers and opinion leaders, thus ensuring the participatory nature of the process. Between September 2002 and February 2003, POLICY staff will</p> <ul style="list-style-type: none"> • Run the Demproj Model and enter data for RAPID; • Complete a second round of data collection and meet with the Advisory Group to obtain consensus on assumptions and review initial projections; • Finalize the RAPID Model and prepare a Powerpoint presentation of findings; • Present findings to the Advisory Group for review and feedback and make final adjustments to the results and Powerpoint; and • Train Advisory Group members in use of the model and Powerpoint presentation (with speaker's notes) and identify opportunities/events for its dissemination.

JAMAICA

Strategy
<p>POLICY in Jamaica is providing assistance to the MOH and the four regional health authorities to identify priority issues and actions at the regional and parish levels to implement the National Strategic Framework for Reproductive Health (SFRH). POLICY will continue to facilitate a participatory process at the decentralized level, providing support to ensure that integrated RH plans developed at the regional and parish levels can be translated and implemented, and will contribute to the regions adhering to the Service Level Agreements (SLAs) that they have signed with the MOH.</p> <p>Pending FY03 funding decisions, POLICY will provide training at the regional level, with follow-up TA and minigrants targeted at parishes, to implement activities that improve the policy environment for RH and HIV/AIDS. Training in advocacy will help parish and regional working groups identify and affect issues for action within their communities. Skills building in the areas of planning and finance and the optimal use of management information system (MIS) data for policy and programmatic decisions and proposal development will enhance the capacity of the regional authorities to respond to the needs of their communities, the commitments of their SLAs, and the mandate of the SFRH. The needs of adolescents and youth will continue to be a special focus as it relates to RH, using a broad multisectoral approach. With core funds, POLICY is also implementing a core package to help the MOH delineate the extent, feasibility, and potential scope of integration in FP/MCH and STI/HIV/AIDS services. At the national level, following the institutional reorganization of the National Family Planning Board (NFPB) undertaken through a subcontract with KPMG in Jamaica, POLICY will provide the newly appointed Policy Review and Monitoring Unit with training in policy analysis and the use of data to support policy dialogue.</p>
Staff
<p>Country Manager: Mary Kincaid Consultants: Kathy McClure, Amory Hamilton, Beryl Chevannes, and Jim Rosen Affiliated Staff: Nancy Murray, Karen Hardee, Don Levy, Minki Chatterji, Carol Shepherd, and Elizabeth Neason</p>
Funding
<p>Funds remaining (as of 6/15/02): \$ 58,387 Anticipated FY02 funds: \$360,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide advocacy training at the regional and parish levels and follow-up TA to groups in finalizing their plans for implementation. Work with Youth.now and NCYD and NGOs to encourage access to minigrants • Facilitate sectoral consultations to encourage multisectoral input into the implementation strategy for the National Youth Policy, as well as youth consultations to provide feedback on the revised National Youth Policy, and to ensure youth participation in the implementation strategy, to be led by the NCYD • National Stakeholders Meeting for Development of National Implementation Plan for National Youth Policy • Provide partnership training at the regional and parish levels for health authorities and NGOs to develop community level participation in health policy decision making <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Facilitate regional workshops for health authorities in planning and finance and the effective use of MIS data to support programming and policy decisions, as well as program budgeting and proposal development

Jamaica (cont.)**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Finalize the Youth Programmatic Inventory (YPI) report and train NCYD staff in customizing ad hoc reports using the YPI and in updating and maintaining it so that it can be used as a strategic tool for program and policy decision making in the implementation of the revised National Youth Policy
- Train the NFPB in policy analysis and use of data to support policy dialogue

IR4. In-country, regional capacity to provide policy training enhanced

- Develop an RH policy analysis and policymaking module for postgraduate training at the University of the West Indies in the Master of Public Health degree program

MEXICO

Strategy
<p>The strategy for POLICY/Mexico in Year 3 focuses on moving the program to the national policy arena by promoting a dialogue on MSM issues related to HIV/AIDS and stigma and discrimination against PLWHA; and consolidating the state-level policy change program by graduating existing states, expanding to the final three states in the target area (Chiapas, Oaxaca, and Puebla), and ensuring the sustainability of four existing multisectoral citizens' groups (MCGs)— Edo. Mexico, Guerrero, Vera Cruz, and Yucatan.</p> <p>The project will facilitate an informed dialogue about MSM and HIV/AIDS in Mexico and policy implications at national and state levels, collaborating closely with the newly formed UNAIDS Working Group on MSM and HIV in the LAC region in addition to other networks addressing the issue. Through its core package on stigma and discrimination, POLICY is assessing the extent to which PLWHA experience stigma and discrimination in several different environments and identifying and testing ways to reduce stigma and discrimination in health care services and the media and through legal and regulatory changes. The objective of the work with state-level MCGs is to have multisectoral plans in place for HIV/AIDS at the state level—approved, supported, and implemented by state policymakers, civil society, and the private sector—and to foster the creation and sustainability of civil society participation in policy formulation on HIV/AIDS. To achieve this objective, the project employs an integrated approach to programming, with implementation of planning and finance activities, supported by policy dialogue and advocacy, and updated information for policymakers.</p>
Staff
<p>Country Manager: Mary Kincaid Local Staff: Edgar Gonzalez, Martha Alfaro, Francisco Hernandez, and Hugo Benitez Consultants: Arturo Diaz Affiliated Staff: Sandra Aliaga</p>
Funding
<p>Funds remaining (as of 6/15/02): \$-158,291 Anticipated FY02 funds: \$ 500,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Under subcontract with Red de Jovenes, provide program of TA and training to youth focal committees formed within the MCGs • Hold sustainability and networking workshops for existing MCGs (core funds) • Support policy dialogue activities with Red de Masculinidad and other counterparts to open a dialogue on policy aspects of MSM and HIV/AIDS <p>IR2. Planning and financing for FP/RH improved</p> <ul style="list-style-type: none"> • Support strategic planning workshop in Chiapas, TA to Oaxaca to prepare for workshop in FY03, and initiation of dialogue in Puebla • Complete regional model in Yucatan peninsula, with Yucatan MCG providing TA to Quintana Roo and Campeche to create their own state MCGs • Provide TA and follow-up to MCGs in Guerrero and Edo. Mexico for approval and financing of their strategic plans and graduation from POLICY TA • Apply GOALS Model at the state level and training for Yucatan MCG members for advocacy and policy dialogue activities with high-ranking state officials

Mexico (cont.)**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Apply baseline AIDS Policy Environment Score (APES) and situation/response analyses in Oaxaca, Chiapas
- Facilitate an operations research study to address stigma and discrimination suffered by PLWHA (core funds)

IR4. In-country, regional capacity to provide policy training enhanced

- Provide “Diplomado” course (20 hours) on participatory strategic planning in HIV/AIDS/STI to be designed and taught by POLICY LTAs in collaboration with CIDE (core funds)

PERU

Strategy
POLICY's SO in Peru is <i>Policies and norms sustain access to quality FP/RH services</i> . POLICY/Peru contributes to the Mission's IRs <i>Services are responsive to client needs and rights</i> , and <i>Policies and programs are information based</i> . Peru's results framework is based on the premise that an active civil society advocating for sexual and reproductive health and rights and participating in the decision-making process can promote sustainable access to services that respond to women's and men's needs, even in the face of changes in government or donor participation. The goal of POLICY assistance in Peru is to strengthen civil society organizations, to advocate for sexual and reproductive health and rights, and to participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and TA of local partners in the area of sexual and RH rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate and conducts analyses and disseminates information on RH issues.
Staff
Country Director: Patricia Mostajo Local Staff: Editra Herrera, Lidia Reyes, Gracia Subirira, Marcela Huaita, and Eugenia de Arias
Funding
Funds remaining (as of 6/15/02): \$ -20,748 Anticipated FY02 funds: \$1,440,000
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Strengthen networks working in FP/RH. Continue to provide TA to the National Network for the Promotion of Woman (RNPM) in institutional and financial sustainability and formation of provincial branches of the network, which now exist only at the departmental level. Train selected members of the network as facilitators and organize five workshops for departmental members (core funded) to assist departmental branches in developing sustainability plans for 2003. Provide technical and financial assistance to RNPM to institutionalize the monitoring of FP norms and Tiahrt Amendments based on its FY01 experience, including a systematization of periodical surveys at service delivery points and providers and expanding to additional departments Provide TA to NGOs and networks for oversight of legislative bodies. Provide TA and financial support to the coalition of NGOs that are watching over the legislative work of the Congress related to RH issues. Support NGOs with small grants to organize awareness-raising meetings and public hearings with legislators and to develop and disseminate information about RH and rights. Work with local NGOs on the analysis and institutionalization of accountability mechanisms at the government level that will respond to abuses or malpractices reported by service users in order to protect women's rights related to FP/RH services Support advocacy, policy dialogue, and citizen surveillance at the decentralized level. Following USAID's new focus on priority departments identified by economic status, coordinate with local counterparts and RNPM departmental branches to support specific activities to reinforce USAID's strategy. These will include supporting advocacy activities with municipal political candidates in late 2002 to advocate for inclusion of RH and rights in their municipality. Prepare supporting materials, including documentation of the experience of other local governments that have already included RH in their plans. Also, in these selected departments, continue supporting local organizational mechanisms for the surveillance of service delivery practices by providing small grants to the local branches of the RNPM for new initiatives related to the formation and ongoing work of citizen surveillance committees. For NGOs and networks in these same departments that participate in the Intersectoral Groups that Fight against Poverty (Mesas de Lucha contra la Pobreza), provide TA, information, and training on integrating gender and RH issues into the intersectoral group's agenda

Peru (cont.)

- Support policy dialogue on health reform strategies. As part of the technical and financial support that POLICY is providing to a local consortium of NGOs and universities, support the institutionalization of ForoSalud as a mechanism for dialogue and discussion between civil society and government
- Support USAID/Lima's awareness raising and policy dialogue activities in collaboration with other donors. Participate in the planning and implementation of sensitization activities conducted by USAID/HPN in collaboration with other donors to address new administration officials and seek to obtain political support for FP/RH policies and resources

IR2. Planning and financing for FP/RH improved

- Implement system to monitor external cooperation projects at the MOH. Conduct the second and third phases of the implementation and evaluation of this system during the first half of FY02. POLICY consultants at the MOH designed a management system for the control of external cooperation projects in FY01

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Systematize and disseminate information on FP/RH themes. Collect and systematize qualitative and quantitative information to support policy dialogue and advocacy activities with different types of audiences. Disseminate information via e-mail and in print

IR4. In-country/regional capacity to provide training enhanced

- Provide technical and financial assistance to a local university initiative for the implementation of a diploma program on health reform issues
- Facilitate participation of high-level decision makers from the MOH in international forums for the discussion of health policy issues. These persons will return to the MOH and facilitate local discussions with central level and regional health officials

VI. OPERATIONAL PLAN

POLICY is proud of its unique organizational structure that places emphasis on using our highly-skilled, experienced in-country staff, and on building the capacity of our local counterparts. Our U.S.-based staff of 60 works closely with our 130+ local professionals and 200 partner organizations in countries across Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean.

A. Management Structure

This section provides a description and an organizational chart showing how the project is managed. As evidenced in Figure 3 on the following page, the project is structured along technical and operational lines as follows:

- Management Group (Project Director, Deputy Directors (RH/MH, HIV/AIDS, and Program Operations), and Quality Assurance/Evaluation Advisor)
- IR Group (IR Directors and technical staff, including working groups on ARH, Gender, and Human Rights)
- Country Group (Regional Managers, Country Managers, and country technical staff)

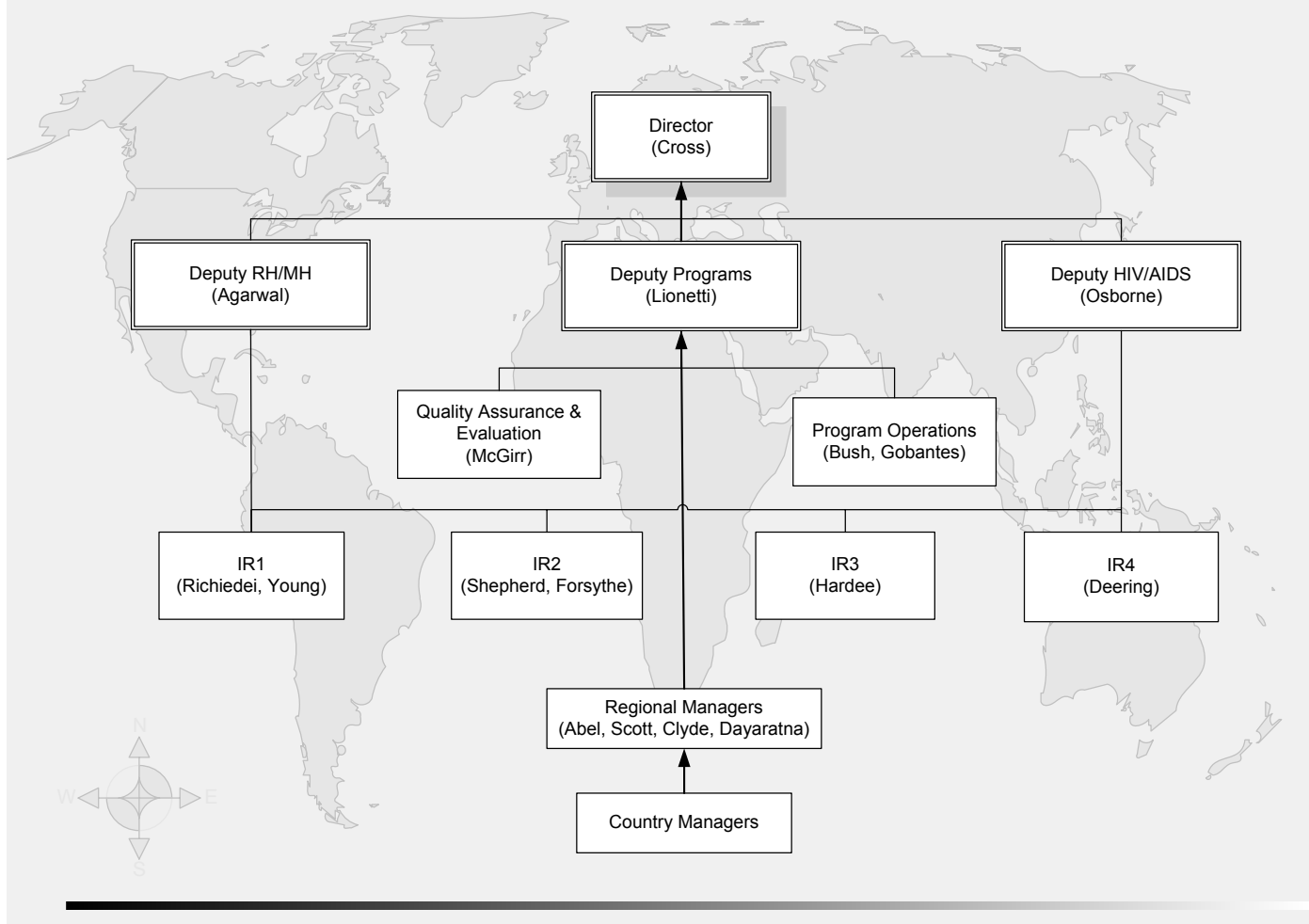
1. Management Group

The Management Group is responsible for the overall technical and operational direction of the project. The Management Group consists of the Project Director and the three deputies. As a group, these people provide overall technical direction, set project policies and strategies, and deal with specific project issues ranging from core packages to operational procedures. The management group coordinates formal communications and decision making involving the IRs and country programs. Requests for core-funded work at the country level flow through the Management Group and are mediated at that level to ensure that limited core funds are applied taking into account overall project goals as well as specific country goals in an effort to maximize impact. Within this structure, Regional Managers report to the Deputy for Program Operations, and the IR Directors report directly to the deputies for RH/MH and HIV/AIDS depending on the technical issues they are working on. The Project's Quality Assurance and Evaluation Advisor serves as an adjunct member of the management team.

Technical management specifically flows through the Project Director and the deputies for RH/MH and HIV/AIDS. These three people are responsible for coordinating the integration of work, where appropriate and warranted. Examples of this integration include issues such as dual protection, contraceptive security, FP in high-prevalence HIV/AIDS countries, and the crosscutting issues of adolescents, gender, and human rights. They are also responsible for seeing that special areas of focus receive the emphasis warranted. Examples include work with different groups in civil society such as PLWHA, technical issues such as OVCs, and the like. Integration is also achieved by having the Management Group represented in the project's three crosscutting issues working groups and on all core package development teams.

The Project Director, along with the Deputy for Program Operations, is responsible for overall program operations, including oversight of the Program Operations Team. Field and core activities are, therefore, managed and mediated through the Deputy for Program Operations and the Project Director.

Project Management Structure



2. IR Group

The IR Directors and IR technical staff (the IR group) have the responsibility of addressing the project's global concerns in their technical areas, and for providing assistance to country and regional programs. In this group, there are IR1 and IR2 Directors for both RH/MH and HIV/AIDS (four directors in total for Advocacy and Planning/Finance). This division of responsibility was created to recognize the differentiated needs to achieve IR goals related to the GH Center's SSO1 and SSO4.

The IR1 and IR2 Directors report to the deputies for RH/MH and HIV/AIDS. That is, the IR2 planning and finance director for RH/MH reports to the Deputy for RH/MH, and the planning and finance director for HIV/AIDS reports to the Deputy for HIV/AIDS. IR3 and IR4 do not have a similar subdivision. The IR3 and IR4 Directors report to the deputies for RH/MH or HIV/AIDS depending on the specific issues they are working on. For technical issues that are integrated across RH/MH and HIV/AIDS, the IR3 and IR4 Directors report to the Management Group as a whole. The IR3 Director is responsible for ensuring the coordination of research and modeling needs to support RH/MH and HIV/AIDS, in both an integrated and individual fashion. Among other duties, the IR4 Director must ensure that LTAs—either as individuals or through TD Weeks and regional meetings—receive appropriate training in all project topic areas. Under the guidance of the Quality Assurance and Evaluation Advisor, IR Directors are also responsible for monitoring results reporting in their respective areas.

To ensure integration of RH/MH and HIV/AIDS wherever possible, all four IRs are represented in the project's three crosscutting issues working groups. Furthermore, it is the overall responsibility of the Management Group to ensure appropriate integration at the country-activity level, as well as at the core-funded activity level.

3. Country and Regional Group

Regional Managers, Country Managers, and country technical staff form the country and regional group and maintain the responsibility for the design and implementation of country programs. As a group, their responsibilities include ensuring, to the extent feasible, the integration of the project's four IRs and consideration of the crosscutting concerns. When IR staff perform core-funded work as part of a country portfolio, the appropriate IR Director will work with the Country Manager by serving as technical monitor for the core-funded work.

B. Management Issues

Year 3, as in the previous two years, provides some continuing and additional management challenges, which we are delighted to address over the next months. Many of the challenges are an ongoing part of the project's functioning (i.e., providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, monitoring and evaluation) as we strive to provide appropriate and effective services.

Some of the continuing challenges reflect new realities for the project in terms of funding patterns and balance among the project's core technical areas (FP/RH, HIV/AIDS, and Maternal Health) as well as its crosscutting issues. Specific management issues to be addressed in Year 3 include the following:

- Managing our efforts to place renewed emphasis on family planning in African countries.
- Providing sufficient technical and management leadership in the African region, which accounts for about 60 percent of all project country programs.
- Integrating the new HIV/AIDS IR1 Advocacy Director into the project.

- Addressing ongoing challenges associated with the expanding HIV/AIDS portfolio and HIV/AIDS expert staff.
- Coping with the burden of duplicative HIV/AIDS reporting requirements.
- Improving communications given the growing volume and complexity of policy activities in all countries.
- Planning and implementing regional TW Weeks in the upcoming December–February period.
- Continuing to build management skills of in-country staff and devolving responsibilities to them.
- Improving core package proposal processes and addressing implementation issues.
- Building a management information system for POLICY’s field offices to better track project activities and budgets.
- Continuing to invest in program operations staff to enable them to gain technical experience while working for the project.
- Expanding the program operations staff modestly.
- Undertaking country workplan updates, especially for countries with substantial new funds.

APPENDIX

Table A-1. Summary Budget for Core Population/RH Funds

Component	Year 2 (FY01) Estimated Pipeline (June 30, 2002)	New Resources Needed (July 1, 2002- June 30, 2003)	Year 3 (FY02-FY03) Projected	Person Responsible
SO				
IR1	\$179,516	\$654,266	\$833,782	Richiedi
IR2	\$327,925	\$546,715	\$874,640	Shepherd
IR3	\$467,892	\$271,747	\$739,639	Hardee
IR4	\$329,245	\$513,314	\$842,559	Deering
Working Groups				
Adolescent RH Working Group	\$171,217	\$86,185	\$257,402	Murray
Gender Working Group	\$48,373	\$42,988	\$91,361	Eckman
Human Rights Working Group	\$26,809	\$78,129	\$104,938	Porter
FP/RH Working Group	-\$51,742	\$51,742	\$0	Agarwal
Miscellaneous				
Gender Technical Leadership	\$29,861	\$170,000	\$199,861	Eckman
Quality Assurance	-\$58,443	\$451,914	\$393,471	McGirr
Core Packages				
Romania	\$48,047	\$0	\$48,047	Feranil
Ukraine	\$196,419	\$0	\$196,419	Medrek
Nigeria	\$186,775	\$0	\$186,775	Moreland
Guatemala	\$143,246	\$0	\$143,246	Jewell
Jamaica	\$399,747	\$0	\$399,747	Shepherd
RH GOALS	\$0	\$260,000	\$260,000	Directors
Kenya*	\$60,000	\$340,000	\$400,000	Directors
New Package Development	\$206,040	\$600,000	\$806,040	Directors
Core Agreements				
Turkey Core Agreement	\$168,247	\$0	\$168,247	Clyde
Nigeria Core Agreement	\$18,521	\$0	\$18,521	Moreland
Total Population Core	\$2,897,695	\$4,067,000	\$6,964,695	

*The FY01 pipeline for Kenya was transferred from New Package Development.

Table A-2. Summary Budget for Core Safe Motherhood Funds

Component	Year 2 (FY01) Estimated Pipeline (June 30, 2002)	New Resources Needed (July 1, 2002- June 30, 2003)	Year 3 (FY02-FY03) Projected	Person Responsible
SO				
IR1	\$42,798	\$60,000	\$102,798	Directors
IR2	\$0	\$165,000	\$165,000	Directors
IR3	\$47,306	\$343,265	\$390,571	Directors
Working Groups				
Safe Motherhood Working Group	\$78,769	\$125,000	\$203,769	Agarwal
Core Packages				
Peru	\$0	\$246,000	\$246,000	Mostajo
Year 2 Package Development*	\$211,265	-\$211,265	\$0	Directors
Total Safe Motherhood Core	\$380,138	\$728,000	\$1,108,138	

*The available pipeline in Year 2 Package Development will be transferred to the Peru package.

Table A-3. Summary Budget for Core HIV/AIDS Funds

Component	Year 2 (FY01) Estimated Pipeline (June 30, 2002)	New Resources Needed (July 1, 2002- June 30, 2003)	Year 3 (FY02-FY03) Projected	Person Responsible
SO				
IR1	\$79,051	\$190,000	\$269,051	Young
IR2	-\$4,469	\$350,000	\$345,531	Forsythe
IR3	\$27,444	\$75,000	\$102,444	Hardee
IR4	\$1,394	\$25,000	\$26,394	Deering
Working Groups				
Gender Working Group	\$26,099	\$50,000	\$76,099	Eckman
Human Rights Working Group	-\$2,320	\$85,000	\$82,680	Porter
Miscellaneous				
Project Development	\$7,839	\$200,000	\$207,839	Directors
Core Initiative	-\$65,740	\$700,000	\$634,260	Osborne
Africa Region	\$15,153	\$0	\$15,153	Osborne
LAC (ASICAL)	\$154,093	\$75,000	\$229,093	Porter
Zambia	\$24,389	\$0	\$24,389	Porter
Core Packages				
Mexico	\$96,332	\$150,000	\$246,332	Kincaid
South Africa	\$118,909	\$150,000	\$268,909	Schaay
New Package Development	\$0	\$250,000	\$250,000	Directors
Total HIV/AIDS Core	\$478,174	\$2,300,000	\$2,778,174	

Table A-4. Summary of Field Support Resources by Country

Country	FY00 Funding	FY01 Funding	FY02⁵ Funding	Total
Africa Region	\$800,000	\$1,555,000	\$900,000	\$3,255,000
Ethiopia	\$250,000	\$200,000	\$400,000	\$850,000
Ghana	\$150,000	\$398,311	\$140,000	\$688,311
Kenya	\$2,300,000	\$1,500,000	\$1,700,000	\$5,500,000
Malawi	\$0	\$900,000	\$0	\$900,000
Mali	\$0	\$300,000	\$650,000	\$950,000
Mozambique	\$500,000	\$0	\$550,000	\$1,050,000
Nigeria	\$1,193,000	\$1,500,000	\$2,505,000	\$5,198,000
REDSO-ESA	\$400,000	\$344,000	\$200,000	\$944,000
Sahel	\$125,000	\$0	\$0	\$125,000
South Africa	\$1,000,000	\$1,400,000	\$1,400,000	\$3,800,000
Southern Africa Region	\$315,000	\$0	\$0	\$315,000
Tanzania	\$590,158	\$350,000	\$839,953	\$1,780,111
Uganda	\$350,000	\$1,100,00	\$750,000	\$2,200,000
WARP (FHA/REDSO/W)	\$250,000	\$200,000	\$350,000	\$800,000
Zambia	\$30,000	\$175,000	\$1,800,000	\$2,005,000
Africa Total	\$8,253,158	\$9,922,311	\$12,184,953	\$30,360,422
Asia/Near East Region	\$185,000	\$1,004,000	\$1,275,000	\$2,464,000
Bangladesh	\$750,000	\$200,000	\$350,000	\$1,300,000
Cambodia	\$0	\$600,000	\$1,300,000	\$1,900,000
Egypt	\$300,000	\$365,975	\$500,000	\$1,165,975
India	\$1,500,000	\$2,350,000	\$250,000	\$4,100,000
Jordan	\$300,000	\$650,000	\$700,000	\$1,650,000
Nepal	\$0	\$0	\$75,000	\$75,000
Philippines	\$500,000	\$1,300,000	\$300,000	\$2,100,000
Asia Total	\$3,535,000	\$6,469,975	\$4,750,000	\$14,754,975
Romania	\$150,000	\$0	\$0	\$150,000
Russia	\$150,000	\$300,000	\$300,000	\$750,000
Ukraine	\$600,000	\$400,000	\$400,000	\$1,400,000
E&E Total	\$900,000	\$700,000	\$700,000	\$2,300,000
LAC/SPO (Regional)	\$0	\$0	\$296,000	\$296,000
Guatemala	\$400,000	\$500,000	\$700,000	\$1,600,000
Haiti	\$375,000	\$350,000	\$140,000	\$865,000
Honduras	\$0	\$0	\$50,000	\$50,000
Jamaica	\$200,000	\$70,000	\$360,000	\$630,000
Mexico	\$500,000	\$700,000	\$500,000	\$1,700,000
Paraguay	\$15,000	\$0	\$0	\$15,000
Peru	\$450,000	\$400,000	\$1,440,000	\$2,290,000
LAC Total	\$1,940,000	\$2,020,000	\$3,486,000	\$7,446,000
Grand Total	\$14,628,158	\$19,112,286	\$21,120,953	\$54,861,397

⁵ Includes \$1,439,853 in MAARDS and FS obligations through 6/30/02

Table A-5. Managers of Core-Funded Activities

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
Core Activities: Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	IR 1 (FP/RH)	Susan Richiedei	Vicky Bush/Kristen Totino
	IR1 (HIV/AIDS)	Felicity Young	Rodrigo Gobantes/Elisabeth Huth
	IR2 (FP/RH)	Carol Shepherd (FP/RH/MH)	Vicky Bush/David London
	IR2 (HIV/AIDS)	Steven Forsythe (HIV/AIDS)	Rodrigo Gobantes/Aguil Deng
	IR3	Karen Hardee	Rodrigo Gobantes/Cesar Borja
	IR4	Joseph Deering	Vicky Bush/Cesar Borja
	SSO2 – Safe Motherhood	Koki Agarwal	Vicky Bush/David London
	SSO4 – HN/HIV/AIDS	Kevin Osborne	Rodrigo Gobantes/Elisabeth Huth
	Quality Assurance	Nancy McGirr	Vicky Bush
Working Groups:	Adolescent RH	Nancy Murray	Vicky Bush/Kristen Totino
	Gender	Anne Eckman	Rodrigo Gobantes/Cesar Borja
	Human Rights	Lane Porter	Rodrigo Gobantes/Megan Noel
Core Packages:	Romania	Inday Feranil	
	Ukraine	Monica Medrek	
	Nigeria	Scott Moreland	
	Guatemala	Norine Jewell	
	Jamaica	Karen Hardee	
	Mexico (HIV/AIDS)	Mary Kincaid	
	South Africa (HIV/AIDS)	Nikki Schaay	
	Peru (Safe Motherhood)	Patricia Mostajo	
	RH Goals	Carol Shepherd	
	New core packages	POLICY Directors	
Miscellaneous:	Grants	Determined by Funding Source	Vicky Bush/Kimberly Lohuis

Table A-6. Managers of Country and Regional Programs

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Mary Scott Backstop: Harry Cross	Africa Regional Funds	Kevin Osborne	Rodrigo Gobantes/ David London	Rose McCullough
	Southern Africa	Anna von Esch Nikki Schaay	(Megan Noel)	
	Ethiopia	Charles Pill		
	Ghana	Norine Jewell		
	Kenya	James Kocher		
	Malawi	Shawn Aldridge		
	Mali	Norine Jewell		
	Mozambique	Karen Foreit		
	Nigeria	Scott Moreland		
	REDSO/ESA	Joseph Deering		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	Norine Jewell		
	WARP	Norine Jewell		
	Zambia	Robie Siamwiza		
<i>Asia/Near East:</i> Ed Abel Backstop: Denise Lionetti	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	Vicky Bush	Elizabeth Schoenecker
	Bangladesh	Syed Ahsan*		
	Cambodia	Felicity Young*		
	Egypt	Mona Khalifa*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Philippines	Aurora Perez*		
<i>Eastern Europe & Eurasia:</i> Maureen Clyde Backstop: Harry Cross	Russia	Anne Jorgensen	Rodrigo Gobantes/ Ben Clark	Rose McCullough
	Turkey	Zerrin Baser*		
	Ukraine	Monica Medrek		

* Indicates overseas staff member

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Latin America:</i> Varuni Dayaratna Backstop: Denise Lionetti	Guatemala	Lucia Merino*	Vicky Bush/ Cesar Borja (Aguil Deng)	Elizabeth Schoenecker
	Haiti	Norine Jewell		
	Jamaica	Mary Kincaid		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

** Indicates overseas staff member*

Table A-7. POLICY Staff**U.S.-Based Technical Staff**

Edward Abel
 Kokila Agarwal
 Shawn Aldridge
 Sarah Alkenbrack
 Jane Begala
 Alphonse Bigirimana
 Lori Bollinger
 Dennis Chao
 Minki Chatterji
 Maureen Clyde
 Harry Cross
 Varuni Dayaratna
 Joe Deering
 Don Dickerson
 Ann Eckman
 William Emmet
 Imelda Feranil
 Karen Foreit
 Steve Forsythe
 Thomas Goliber
 Danielle Grant-Krahe
 Karen Hardee
 Robert Hollister
 Norine Jewell
 Jeff Jordan
 Anne Jorgensen
 Nicole Judice
 Mary Kincaid
 Sharon Kirmeyer
 James Kocher
 Denise Lionetti
 Cynthia McClintock
 Nancy McGirr
 William McGreevey
 Monica Medrek
 Scott Moreland
 Nancy Murray
 Elizabeth Neason
 Kirsten Olson
 Kevin Osborne
 Omar Perez
 Charles Pill
 Lane Porter
 Brenda Rakama
 Sue Richiede
 John Ross
 Mary Scott
 Susan Settergren
 Suneeta Sharma
 Carol Shepherd

Jeffrey Sine
 Robert Ssengonzi
 John Stover
 Molly Strachan
 Sumi Subramaniam
 Doug Willier
 Bill Winfrey
 Felicity Young

U.S.-Based Program Operations Staff

Anita Bhuyan
 Cesar Borja
 Vicky Bush
 Ben Clark
 Rebekah Davis
 Aguil Deng
 Rodrigo Gobantes
 Elisabeth Huth
 Kimberly Lohuis
 David London
 Megan Noel
 Daly Salegio
 John Shutt
 Lauren Taggart
 Kristen Totino
 Alice Weinstein
 Chuck Wilkinson
 Loraine Wood

Overseas Technical Staff

Benedicta Ababio (Ghana)
 Hesham Abdalla (Egypt)
 Salah Abdel-Atty (Egypt)
 Sylvia Abrahams (South Africa)
 Syed Shamim Ahsan (Bangladesh)
 Martha Alfaro (Mexico)
 Sandra Aliaga (Bolivia)
 Issa Al-Masarweh (Jordan)
 Colette Aloo-Obunga (Kenya)
 Mary Argio (Nigeria)
 Vilma Aquino (Philippines)
 Zerrin Baser (Turkey)
 Ayele Belachew (Ethiopia)
 Hugo Benitez (Mexico)
 Gift Buthelezi (South Africa)
 Enrico Caja (Philippines)
 Uy Chanton (Cambodia)
 Rita Chilongozi (Malawi)
 Estela del Rosario (Philippines)
 Alle Diop (WARP)

Daniela Draghici (Romania)
 Theresa Effa (Nigeria)
 Manal El-Fiki (Egypt)
 Fatma El Geel (Egypt)
 Mohamed El-Ghoussi (Egypt)
 Laurent Eustache (Haiti)
 Annabella Fernandez (Philippines)
 Haileyesus Getahun (Ethiopia)
 Charles Gondwe (Tanzania)
 Edgar Gonzalez (Mexico)
 Prabuddhagopal Goswami (India)
 Mahassen Hassanin (Egypt)
 Francisco Hernandez (Mexico)
 Edita Herrera (Peru)
 Marcela Huaita (Peru)
 Andriy Huk (Ukraine)
 B.J. Humplik (Tanzania)
 Charity Ibeawuchi (Nigeria)
 Ester Isberto (Philippines)
 Basma Ishaquat (Jordan)
 Melanie Judge (South Africa)
 John Kabera (Uganda)
 Mona Khalifa (Egypt)
 Martin Laourou (WARP)
 Sopiato Likimani (Kenya)
 Jerome Mafeni (Nigeria)
 Modibo Maiga (Mali)
 Monica Mannan (Bangladesh)
 Suzanne Matale (Zambia)
 James Mbanda (Kenya)
 Kathy McClure (Jamaica)
 Lucia Merino (Guatemala)
 Patricia Mostajo (Peru)
 Grace Nagendi (Uganda)
 Gadde Narayana (India)
 Julie Odiambo (Kenya)
 Wasunna Owino (Kenya)
 Aurora Perez (Philippines)
 Im Phallay (Cambodia)
 Claudia Quinto (Guatemala)
 P.N. Rajna (India)
 Solomon Rasego (South Africa)
 Lidia Reyes (Peru)
 Miriam Rodriguez (Guatemala)
 Viktoria Sakevich (Russia)
 Naveen Sangwan (India)
 Filipina Santos (Philippines)
 K.M. Sathyanarayana (India)
 Nikky Schaay (South Africa)
 Seyoum Selassie (Ethiopia)
 Oleg Semerik (Ukraine)
 Eleni Seyoum (Ethiopia)
 Robie Siamwiza (Zambia)
 Ashok Singh (India)
 Angeline Tennah Siparo (Kenya)
 Gracia Subrira (Peru)

Henriqueta Tojais (Mozambique)
 Justin Tossou (WARP)
 Lena Truhan (Ukraine)
 Maria Tungaraza (Tanzania)
 Natasha Valentyrora (Ukraine)
 Caroline Wills (South Africa)
 Katya Yusupova (Russia)

Overseas Program Operations Staff

Babatunde Afuwape (Nigeria)
 Farzana Ahmed (Bangladesh)
 Grace Akengo ((Kenya)
 Agnes Amakove (Kenya)
 Julia Andrianova (Russia)
 Eugenia de Arias (Peru)
 Mary Arigo (Kenya)
 Virna Balboa (Philippines)
 Mireille Barolette (Haiti)
 Engy Boles (Egypt)
 M.A. Borhan (Bangladesh)
 Lilian Castaneda (Guatemala)
 Saleh Chebii (Kenya)
 Fatima Dastgir (Bangladesh)
 Mitali Deka (India)
 Nadia Hassan (Egypt)
 Thida Nhem (Cambodia)
 Tessy Ochu (Nigeria)
 Suzette Paraiso (Philippines)
 Rene Peterson (South Africa)
 Sheila Rejano (Philippines)
 Miriam Rodriguez (Guatemala)
 Fikry Salamoona (Egypt)
 Juanito Soriano (Philippines)
 Cornelia Theron (South Africa)
 Natasha Valentyrora (Ukraine)
 Alla Vaz (India)
 Olympia Vumisa (South Africa)
 Alice Wanjuu (Kenya)